

# LEGISLATIVE PACKET

July 24 – July 25, 2008  
San Francisco, CA

for

FULL-BOARD MEETING  
July 25, 2008



**Medical Board of California  
Tracker - Legislative Bill File  
7/17/2008**

| <u>BILL</u> | <u>AUTHOR</u> | <u>TITLE</u>  | <u>STATUS</u>          | <u>POSITION</u>  | <u>VERSION</u> | <u>AMENDED</u> |
|-------------|---------------|---|------------------------|--|----------------|----------------|
| AB 214      | Fuentes       | Physician Health Program Act of 2008                | Sen. Approps. (8/4)    | Rec:   | Amended        | 7/1/2008       |
| AB 547      | Ma            | "Cap" on fees                                       | Asm. Consent           | Support if Amended (ltr)                               | Amended        | 7/3/2008       |
| AB 1436     | Hernandez     | Nurse Practitioners                                 | Sen. B&P               |  | Amended        | 6/10/2008      |
| AB 1944     | Swanson       | Authorizing District Hospitals to Employ Physicians | Sen. Health            | Oppose (ltr)   | Amended        | 5/8/2008       |
| AB 2398     | Nakanishi     | Cosmetic Surgery: employment of physicians          | Sen. Approps. (8/4)    | Watch<br>Rec: Support                                  | Amended        | 6/30/2008      |
| AB 2439     | De La Torre   | Loan Repayment Program: mandatory fees              | Sen. Approps. (8/4)    | Oppose unless amended (ltr)<br>Rec: Support if amended | Amended        | 6/30/2008      |
| AB 2442     | Nakanishi     | MBC: peer review proceedings                        | Sen. Approps. Suspense | Sponsor/Support (ltr)                                  | Amended        | 6/16/2008      |
| AB 2443     | Nakanishi     | MBC: physician well-being                           | Sen. Approps. (8/4)    | Sponsor/Support (ltr)                                  | Amended        | 6/16/2008      |
| AB 2444     | Nakanishi     | MBC: PLR with education                             | Enrolled               | Sponsor/Support (ltr)                                  | Amended        | 7/1/2008       |
| AB 2445     | Nakanishi     | MBC: licensing PLR                                  | Enrolled               | Sponsor/Support (ltr)                                  | Amended        | 6/4/2008       |
| AB 2482     | Maze          | Physician Assistants: continuing education          | Chapter #76            | Support (ltr)  | Introduced     |                |
| AB 2543     | Berg          | Loan Repayment Program: geriatric workforce         | Sen. Approps. (8/4)    | Oppose<br>Rec: Support                                 | Amended        | 6/17/2008      |
| AB 2637     | Eng           | Dental Auxiliaries                                  | Sen. Approps. (8/4)    | Rec: Neutral   | Amended        | 6/17/2008      |
| AB 2649     | Ma            | Medical Assistants: authorized services             | Enrolled               | Neutral  | Amended        | 6/16/2008      |
| AB 2747     | Berg          | End-of-Life Care                                    | Sen. Floor             | Neutral/amends taken                                   | Amended        | 7/2/2008       |
| AB 2968     | Carter        | Cosmetic Surgery: physical examination              | Sen. Floor             | Neutral (ltr) - amends taken                           | Amended        | 6/30/2008      |
| AB 2969     | Lieber        | Workers' Comp: med. treat. utilization reviews      | Sen. Floor             | Support (ltr)  | Introduced     |                |

\* Board Sponsored Bills

\* Consent Bills

\* Under Review

**Medical Board of California  
Tracker - Legislative Bill File  
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|-------------|---------------|---|--------------------------|------------------------------|----------------|----------------|
| SB 797      | Ridley-Thomas | VE/P Extension                                  | Chapter 4336             | Contained VE/P Support (ltr) | Amended        | 4/24/2008      |
| SB 963      | Ridley-Thomas | Regulatory Boards: Operations                   | Asm. Approps. - suspense | Rec: Oppose unless amended   | Amended        | 7/1/2008       |
| SB 1294     | Ducheny       | Employed Physicians: pilot project expansion    | Asm. Approps. - suspense | Neutral                      | Amended        | 7/1/2008       |
| SB 1379     | Ducheny       | Loan Repayment: permanent funding source        | Asm. Approps. - suspense | Support (ltr)                | Introduced     |                |
| SB 1394     | Lowenthal     | Lapses of Consciousness: reports to DMV         | Asm. Floor               | Support (ltr)                | Amended        | 7/2/2008       |
| SB 1406     | Correa        | Optometry                                       | Asm. Approps. - suspense | Rec: Oppose unless amended   | Amended        | 7/1/2008       |
| SB 1415     | Kuehl         | Patient Records: disclosure of retention period | Asm. Floor               | Support (ltr)                | Amended        | 7/4/2008       |
| SB 1441     | Ridley-Thomas | Task Force: address standards for impaired      | Asm. Approps. - suspense | Support if amended (ltr)     | Amended        | 7/3/2008       |
| SB 1454     | Ridley-Thomas | Advertising: OSM Cosmetic Surgery Standards     | Asm. Approps. - suspense | Support (ltr)                | Amended        | 6/16/2008      |
| SB 1526     | Perata        | Polysomnographic Technologists Registration     | Asm. Approps. - suspense | Neutral w/ Bd. Member        | Amended        | 6/11/2008      |
| SB 1779     | B&P Com.      | Healing Arts: Omnibus                           | Asm. Floor               | Support MBC Provisions (ltr) | Amended        | 6/12/2008      |
| SJR 19      | Ridley-Thomas | Health professionals: torture                   | Asm. Floor               | Watch                        | Amended        | 6/16/2008      |

\* Board Sponsored Bills

\* Consent Bills

\* Other Bills

## AB 214

Author/Sponsor currently  
working on new draft.  
Language will be transmitted  
electronically to Board  
members when it is received  
by staff.

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 547  
**Author:** Ma  
**Bill Date:** July 3, 2008, amended  
**Subject:** "Cap" on Fees  
**Sponsor:** Author

**STATUS OF BILL:**

This bill is currently on the Senate Floor.

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill includes language that will establish a "cap" or "ceiling" on the physician licensing fees instead of a fixed amount as in current law. The initial licensing fee will be fixed by the Board at no greater than seven hundred ninety dollars (\$790). The biennial renewal fee will also be fixed at no greater than seven hundred ninety dollars (\$790).

This bill appropriates one hundred thirty-five thousand dollars (\$135,000) from the Contingent Fund of the Board to the Bureau of State Audits for the purposes of conducting an audit of the Board. The audit must be conducted no later than January 1, 2012.

**ANALYSIS:**

This bill is a result of a fiscal audit by the Bureau of State Audits where it concluded that the Board had excess in its reserve fund and should pursue a reduction to the fee. In order to reduce the fee the Board would need legislation to allow for a fee set by regulation. The Board, in November 2007, authorized staff to seek legislation allowing for a "cap" on the current (\$790) physician initial and renewal fees. Inserting the "fixed by the board" language into the law will allow the Board to set and revise the fee by regulatory action up to the "cap." In addition, the Board authorized staff to seek authority to have a fund reserve between two and six months instead of at approximately two months.

The author introduced the current bill without Board sponsorship.

Staff continues to work with the author's office on an amendment for the reserve fund. This amendment has not been accepted by the author to date.

Amendments to this bill include an appropriation of one hundred thirty-five thousand dollars (\$135,000) from the Contingent Fund of the Board to the Bureau of State Audits for the purposes of conducting an audit of the fiscal condition of the Board. The audit must be conducted no later than January 1, 2012.

**FISCAL:** Minor and absorbable should the Board pursue regulatory authority to reduce the fee.  
\$135,000 for the audit.

**POSITION:** Support if amended to provide flexibility in the fund's reserve.

July 16, 2008

AMENDED IN SENATE JULY 3, 2008  
AMENDED IN SENATE JUNE 16, 2008  
AMENDED IN ASSEMBLY JANUARY 7, 2008  
AMENDED IN ASSEMBLY APRIL 19, 2007  
CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

**ASSEMBLY BILL**

**No. 547**

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**Introduced by Assembly Member Ma**

February 21, 2007

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An act to amend Section 2435 of the Business and Professions Code, relating to medicine, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 547, as amended, Ma. Medical Board of California: licensure fees.

Existing law creates the Medical Board of California to license and regulate physicians and surgeons. Licensees of the board are required to pay licensure fees, including an initial licensing fee of \$790 and a biennial renewal fee of \$790. Existing law authorizes the board to increase those fees in certain circumstances.

This bill would require those fees to be fixed by the board at a maximum of \$790, while retaining the authority of the board to raise those fees in certain circumstances.

This bill, by January 1, 2012, would require the Bureau of State Audits to conduct a review of the board's financial status, including, but not limited to, a review of the board's revenue projections, and, on the basis of that review, to report to the Joint Legislative Audit Committee on any adjustment to fees required to maintain a 2-month reserve in the

Contingent Fund of the Medical Board of California, a continuously appropriated fund, and also taking into account the projected number of new licensees of the board. ~~The review would be funded from licensure fees in the fund, thereby making an appropriation bill would appropriate \$135,000 from the Contingent Fund of the Medical Board of California to the Bureau of State Audits for this purpose.~~

Vote: majority. Appropriation: yes. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1     SECTION 1. Section 2435 of the Business and Professions  
2     Code is amended to read:  
3     2435. The following fees apply to the licensure of physicians  
4     and surgeons:  
5     (a) Each applicant for a certificate based upon a national board  
6     diplomate certificate, each applicant for a certificate based on  
7     reciprocity, and each applicant for a certificate based upon written  
8     examination, shall pay a nonrefundable application and processing  
9     fee, as set forth in subdivision (b), at the time the application is  
10    filed.  
11    (b) The application and processing fee shall be fixed by the  
12    board by May 1 of each year, to become effective on July 1 of that  
13    year. The fee shall be fixed at an amount necessary to recover the  
14    actual costs of the licensing program as projected for the fiscal  
15    year commencing on the date the fees become effective.  
16    (c) Each applicant who qualifies for a certificate, as a condition  
17    precedent to its issuance, in addition to other fees required herein,  
18    shall pay an initial license fee, if any, which fee shall be fixed by  
19    the board consistent with this section. The initial license fee shall  
20    be a maximum of seven hundred ninety dollars (\$790). An  
21    applicant enrolled in an approved postgraduate training program  
22    shall be required to pay only 50 percent of the initial license fee.  
23    (d) The biennial renewal fee shall be fixed by the board  
24    consistent with this section. The biennial renewal fee shall be a  
25    maximum of seven hundred ninety dollars (\$790).  
26    (e) Notwithstanding subdivisions (c) and (d) and to ensure that  
27    subdivision (k) of Section 125.3 is revenue neutral with regard to  
28    the board, the board may, by regulation, increase the amount of



1 the initial license fee and the biennial renewal fee by an amount  
2 required to recover both of the following:

3 (1) The average amount received by the board during the three  
4 fiscal years immediately preceding July 1, 2006, as reimbursement  
5 for the reasonable costs of investigation and enforcement  
6 proceedings pursuant to Section 125.3.

7 (2) Any increase in the amount of investigation and enforcement  
8 costs incurred by the board after January 1, 2006, that exceeds the  
9 average costs expended for investigation and enforcement costs  
10 during the three fiscal years immediately preceding July 1, 2006.

11 When calculating the amount of costs for services for which the  
12 board paid an hourly rate, the board shall use the average number  
13 of hours for which the board paid for those costs over these prior  
14 three fiscal years, multiplied by the hourly rate paid by the board  
15 for those costs as of July 1, 2005. Beginning January 1, 2009, the  
16 board shall instead use the average number of hours for which it  
17 paid for those costs over the three-year period of fiscal years  
18 2005–06, 2006–07, and 2007–08, multiplied by the hourly rate  
19 paid by the board for those costs as of July 1, 2005. In calculating  
20 the increase in the amount of investigation and enforcement costs,  
21 the board shall include only those costs for which it was eligible  
22 to obtain reimbursement under Section 125.3 and shall not include  
23 probation monitoring costs and disciplinary costs, including those  
24 associated with the citation and fine process and those required to  
25 implement subdivision (b) of Section 12529 of the Government  
26 Code.

27 (f) Notwithstanding Section 163.5, the delinquency fee shall be  
28 10 percent of the biennial renewal fee.

29 (g) The duplicate certificate and endorsement fees shall each  
30 be fifty dollars (\$50), and the certification and letter of good  
31 standing fees shall each be ten dollars (\$10).

32 (h) It is the intent of the Legislature that, in setting fees pursuant  
33 to this section, the board shall seek to maintain a reserve in the  
34 Contingent Fund of the Medical Board of California equal to  
35 approximately two months' operating expenditures.

36 (i) Not later than January 1, 2012, the Bureau of State Audits  
37 (BSA) shall conduct a review of the board's financial status,  
38 including, but not limited to, a review of the board's revenue  
39 projections. The BSA shall, on the basis of the review, report to  
40 the Joint Legislative Audit Committee on any adjustment to the

1 fees imposed by this section required to maintain the reserve in  
2 the Contingent Fund of the Medical Board of California as provided  
3 by subdivision (h), and also taking into account the projected  
4 number of new licensees of the board. ~~The review shall be funded~~  
5 ~~from licensure fees in the fund.~~

6 *SEC. 2. The sum of one hundred thirty-five thousand dollars*  
7 *(\$135,000) is hereby appropriated from the Contingent Fund of*  
8 *the Medical Board of California to the Bureau of State Audits for*  
9 *the purposes of conducting the review and issuing the report*  
10 *required pursuant to subdivision (i) of Section 2435 of the Business*  
11 *and Professions Code.*

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MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 2398  
**Author:** Nakanishi  
**Bill Date:** June 30, 2008, amended  
**Subject:** Cosmetic surgery: employment of physicians and surgeons.  
**Sponsor:** American Society for Dermatological Surgery

**STATUS OF BILL:**

This bill is currently in the Senate Appropriations Committee.

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill seeks to significantly improve patient safety by making it tougher for corporate entities to practice medicine illegally in California. This bill would authorize the revocation of the license of a physician who practices medicine with a business organization that offers to provide, or provides, outpatient elective cosmetic procedures, knowing that it is owned or operated in violation of the prohibition against the corporate practice of medicine.

**ANALYSIS:**

This bill originally contained provisions seeking to strengthen current law on the issue of physician supervision in cosmetic surgery settings and provide greater protection to patients seeking safe and responsible cosmetic care. These provisions have since been amended out of the bill.

This bill would authorize the revocation of the license of a physician who practices medicine with a business organization that offers to provide, or provides, outpatient elective cosmetic procedures, knowing that it is owned or operated in violation of the prohibition against the corporate practice of medicine. This bill also provides that a physician who contracts to serve as, or otherwise allows himself or herself to be employed as, the medical director of a business organization that he or she does not own, and that offers to provide or provides outpatient elective cosmetic procedures or treatments that may only be provided by the holder of a valid physician's license is deemed to have knowledge that the business organization is in violation of the corporate practice of medicine.

**FISCAL:** Minor

**POSITION:** Recommend: Support

July 15, 2008

VICE CHAIR:  
LABOR AND EMPLOYMENT

COMMITTEES:  
APPROPRIATIONS  
HEALTH

# Assembly California Legislature

ALAN NAKANISHI  
ASSEMBLY MEMBER, TENTH DISTRICT



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Richard D. Fantozzi, M.D., President  
Medical Board of California  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95814

**RE: Request for Medical Board of California Support for AB 2398 (Nakanishi)  
Patient Safety in Cosmetic Medical Procedures**

Dear Dr. Fantozzi and Members of the Medical Board:

I write to respectfully request that the Medical Board of California support my Assembly Bill 2398 to help deter the casual offering of elective cosmetic medical procedures in California, and to stiffen penalties for the unlawful corporate practice of medicine common to settings offering and rendering medical procedures which happen to be cosmetic. Elective cosmetic medical procedures or treatments are those performed solely to alter or reshape normal structures of the body solely in order to improve appearance.

AB 2398 has received overwhelming votes of bipartisan support without a single "no" vote in the Assembly and, to date, the first and only 2 "no" votes in the Senate (a total of 116 votes for the bill, and only 2 in opposition).

## AB 2398

AB 2398 drops the enforcement hammer most heavily on corporate entities unlawfully engaged in the practice of medicine in California in violation of existing law, and on those that facilitate their unlawful invasion of the practice of medicine. This accomplishes the Board's goal of strengthening enforcement of current laws and going after the most frequent and pernicious offenders -- unlawful, corporate-owned, chain med-spa operators -- who want to practice medicine without proper licensure or ownership structure. The substantial improvement in penalties will justify the commitment of enforcement resources to these kinds of cases by the MBC and other consumer protection agencies, and will function more effectively as deterrents to would be scofflaws.

The findings of the consumer protection boards (MBC and BRN) conducting the hearings, in no small part, centered around strategies to improve enforcement in the context of always-limited resources, and competing priorities for investigation and enforcement actions ranging from "cite-and-fine" actions, to full-on criminal prosecutions.

Physician supervision standards are no longer part of AB 2398. The determination of appropriate physician supervision remains the legal charge of the MBC

01/10/2008 09:20 FAX 0100132010 ASSEMBLY CLERK OFF TO 003/003

**Medi-Spa Practices in California Warrant Legislative Action**

A “commodity” mentality has developed in California regarding the performance of medical procedures that happen to be cosmetic. Most alarming to me as a physician is the plainly uninformed comments I’ve received from a number of physicians who hold that mindset to the point of disregarding basic patient assessment and determination of appropriateness for treatment because medical procedures that are cosmetic in nature are asserted to be “minor” or “noninvasive,” or regarded as the less-than-serious rendering of medical care.

Public guidance from the MBC in its January 2008 on-line article, *Medical Spas – What You Need to Know*, accurately summarizes the problems addressed by AB 2398:

**“Medical spas are marketing vehicles for medical procedures. If they are offering medical procedures, they must be owned by physicians. The use of the term ‘medical spa’ is for advertising purposes to make the procedures seem more appealing. In reality, however, it is the practice of medicine.**

The Medical Board, however, is concerned when medicine is being marketed like a pedicure, and consumers are led to believe that being injected, lasered, and resurfaced requires no more thought than changing hair color.

Medical treatments should be performed by medical professionals only. There is risk to any procedure, however minor, and consumers should be aware of those risks. While it is illegal for unlicensed personnel to provide these types of treatments, consumers should be aware that some persons and firms are operating illegally. Cosmetologists, while licensed professionals and highly qualified in superficial treatments such as facials and microdermabrasion, may never inject the skin, use lasers, or perform medical-level dermabrasion or skin peels. Those types of treatments must be performed by qualified medical personnel. In California, that means a physician, or a registered nurse or physician assistant under the supervision of a physician.” (Emphases added.)

In that vein, I write to respectfully request that the Medical Board become a full advocacy partner in this effort, and vote to support AB 2398.

Sincerely,



ALAN NAKANISHI, M.D.  
Assemblyman, 10<sup>th</sup> District

cc: Ms. Linda Whitney, Chief of Legislation  
Medical Board of California

Ms. Barbara Johnston, Executive Officer  
Medical Board of California

AMENDED IN SENATE JUNE 30, 2008

AMENDED IN ASSEMBLY MAY 1, 2008

AMENDED IN ASSEMBLY APRIL 22, 2008

AMENDED IN ASSEMBLY APRIL 10, 2008

AMENDED IN ASSEMBLY APRIL 1, 2008

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

**ASSEMBLY BILL**

**No. 2398**

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**Introduced by Assembly Member Nakanishi**

February 21, 2008

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An act to amend Section 2417 of the Business and Professions Code, relating to the practice of medicine.

LEGISLATIVE COUNSEL'S DIGEST

AB 2398, as amended, Nakanishi. Practice of medicine: cosmetic surgery: employment of physicians and surgeons.

Existing law, the Medical Practice Act, establishes the Medical Board of California under the Department of Consumer Affairs, which licenses physicians and surgeons and regulates their practice.

The Medical Practice Act restricts the employment of licensed physicians and surgeons and podiatrists by a corporation or other artificial legal entity, subject to specified exemptions. Existing law makes it unlawful to knowingly make, or cause to be made, any false or fraudulent claim for payment of a health care benefit, or to aid, abet, solicit, or conspire with any person to do so, and makes a violation of this prohibition a public offense.

This bill would authorize the revocation of the license of a physician and surgeon who practices medicine with, or serves or is employed as the medical director of, a business organization that provides outpatient elective cosmetic medical procedures or treatments, as defined, knowing that it is owned or operated in violation of the prohibition against employment of licensed physicians and surgeons and podiatrists. The bill would also make a business organization that provides outpatient elective cosmetic medical procedures or treatments, that is owned and operated in violation of the prohibition, and that contracts with or employs a physician and surgeon to facilitate the offer or provision of those procedures or treatments that may only be provided by a licensed physician and surgeon, guilty of a violation of the prohibition against knowingly making or causing to be made any false or fraudulent claim for payment of a health care benefit. Because the bill would expand a public offense, it would impose a state-mandated local program.

*The bill would state that its provisions are declaratory of existing law.*

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1     SECTION 1. The Legislature finds and declares that the  
2     Medical Practice Act restricts the employment of physicians and  
3     surgeons by a corporation or other artificial legal entity, as  
4     described in Article 18 (commencing with Section 2400) of Chapter  
5     5 of Division 2 of the Business and Professions Code, and that the  
6     prohibited conduct described in subdivisions (c) and (d) of Section  
7     2417 of the Business and Professions Code, as amended by this  
8     act, is declaratory of existing law.

9     ~~SECTION 1.~~

10    SEC. 2. Section 2417 of the Business and Professions Code is  
11    amended to read:

12    2417. (a) If the Department of Insurance has evidence that a  
13    business is being operated in violation of this chapter, Part 4

1 (commencing with Section 13400) of Division 3 of the  
2 Corporations Code, or Chapter 1 (commencing with Section 1200)  
3 of Division 2 of the Health and Safety Code, and that the business  
4 may be in violation of Section 1871.4 of the Insurance Code or  
5 Section 549 or 550 of the Penal Code, then the department shall  
6 report the business, and any physician and surgeon suspected of  
7 knowingly providing medical services for that business relative to  
8 a violation of Section 1871.4 of the Insurance Code or Section 549  
9 or 550 of the Penal Code, to the appropriate regulatory agency.  
10 Upon receiving a report from the Department of Insurance of a  
11 suspected violation, the regulatory agency shall conduct an  
12 investigation. The requirement in subdivision (a) of Section  
13 1872.95 of the Insurance Code for investigations to be conducted  
14 within existing resources does not apply to investigations required  
15 by this ~~section~~ *subdivision*. The Department of Insurance may  
16 consult with the appropriate regulatory department or agency prior  
17 to making its report to that department or agency, and this  
18 consultation shall not be deemed to require the department or  
19 agency to conduct an investigation.

20 (b) A physician and surgeon who practices medicine with a  
21 business organization knowing that it is owned or operated in  
22 violation of Section 1871.4 of the Insurance Code, Section 14107  
23 or 14107.2 of the Welfare and Institutions Code, or Section 549  
24 or 550 of the Penal Code shall have his or her license to practice  
25 permanently revoked.

26 (c) A physician and surgeon who practices medicine with a  
27 business organization that offers to provide, or provides, outpatient  
28 elective cosmetic medical procedures or treatments, knowing that  
29 it is owned or operated in violation of Section 2400, may have his  
30 or her license to practice revoked. A physician and surgeon who  
31 contracts to serve as, or otherwise allows himself or herself to be  
32 employed as, the medical director of a business organization that  
33 he or she does not own and that offers to provide or provides  
34 outpatient elective cosmetic medical procedures or treatments that  
35 may only be provided by the holder of a valid physician's and  
36 surgeon's certificate under this chapter shall be deemed to have  
37 knowledge that the business organization is in violation of Section  
38 2400.

39 (d) A business organization that offers to provide, or provides,  
40 outpatient elective cosmetic medical procedures or treatments, that



1 is owned or operated in violation of Section 2400, and that  
2 contracts with, or otherwise employs, a physician and surgeon to  
3 facilitate its offers to provide, or the provision of, outpatient  
4 elective cosmetic medical procedures or treatments that may only  
5 be provided by the holder of a valid physician's and surgeon's  
6 certificate is guilty of violating paragraph (6) of subdivision (a)  
7 of Section 550 of the Penal Code.

8 (e) For purposes of this section, "outpatient elective cosmetic  
9 medical procedures or treatments" means a medical procedure or  
10 treatment that is performed to alter or reshape normal structures  
11 of the body solely in order to improve appearance.

12 ~~SEC. 2.~~

13 SEC. 3. No reimbursement is required by this act pursuant to  
14 Section 6 of Article XIII B of the California Constitution because  
15 the only costs that may be incurred by a local agency or school  
16 district will be incurred because this act creates a new crime or  
17 infraction, eliminates a crime or infraction, or changes the penalty  
18 for a crime or infraction, within the meaning of Section 17556 of  
19 the Government Code, or changes the definition of a crime within  
20 the meaning of Section 6 of Article XIII B of the California  
21 Constitution.

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 2439  
**Author:** De La Torre  
**Bill Date:** June 30, 2008, amended  
**Subject:** Loan Repayment Program: Mandatory Fees  
**Sponsor:** Author

**STATUS OF BILL:**

This bill is currently in the Senate Appropriations Committee.

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill would require the Medical Board (Board) to assess an additional \$25 fee for the issuance and bi-annual renewal of a physician's license for the purpose of helping to fund the Steven M. Thompson Physician Corps Loan Repayment Program for the purpose of providing loan repayment awards. In addition, 15% of the funds collected would be dedicated to physicians practicing in geriatric settings.

**ANALYSIS:**

The Steven M. Thompson Corps Loan Repayment Program (Program) was established in 2002 through AB 982 (Firebaugh). Physicians who participate in this program and practice medicine in underserved communities are provided with a financial contribution to help defray the costs of their student loan debt. Since its inception, 399 physicians have submitted applications to participate in the program. Due to insufficient funding, only 94 applicants have been selected to receive awards through the program. Participants have served in communities including Los Angeles, Oakland, San Bernardino, Sonoma, Woodland, San Diego, San Francisco, and Humboldt.

This bill requires the assessment in addition to the set or waived fees. This means that every physician, including those in a status where renewal fees are waived must pay the \$25 assessment for the program.

This bill directs the Program to direct 15% of the money collected pursuant to this bill to loan repayment applicants working in geriatric settings or where the primary service is to patients 65 years or older. This is to encourage physicians to work in those settings and to address the shortages of geriatric physicians.

This bill was amended from a mandatory fee of \$50 down to \$25 pursuant to the Board's request.

**FISCAL:** Minor and absorbable to MBC

**POSITION:** Oppose unless amended to reduce the \$50 fee to \$25 (taken) and to remove the requirement for the Program to direct 15% of the money collected pursuant to this bill to loan repayment applicants working in geriatric settings.

**Recommendation: Support if amended to match language in AB 2543 (Berg) to include criteria to give priority consideration to applicants who agree to work in geriatric settings.**

July 17, 2008

AMENDED IN SENATE JUNE 30, 2008

AMENDED IN SENATE JUNE 19, 2008

AMENDED IN ASSEMBLY APRIL 8, 2008

AMENDED IN ASSEMBLY MARCH 28, 2008

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

**ASSEMBLY BILL**

**No. 2439**

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**Introduced by Assembly Member De La Torre  
(Coauthor: Assembly Member Berg)**

February 21, 2008

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An act to amend ~~Sections 2023 and 2445~~ *Section 2023* of, and to amend and renumber Section 2435.2 of, the Business and Professions Code, and to amend Section 128553 of the Health and Safety Code, relating to physicians and surgeons, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 2439, as amended, De La Torre. Steven M. Thompson Physician Corps Loan Repayment Program: fees.

~~(1) Existing~~

*Existing* law establishes the Steven M. Thompson Physician Corps Loan Repayment Program in the California Physician Corps Program within the Health Professions Education Foundation, which provides financial incentives, as specified, to a physician and surgeon for practicing in a medically underserved community. Existing law requires the Medical Board of California to assess an applicant for issuance or renewal of a physician and surgeon's license a voluntary \$50 fee to be deposited into the Medically Underserved Account for Physicians,

which is continuously appropriated to provide funding for operations of the loan repayment program.

This bill would change the fee to \$25 and make payment of the fee mandatory for applicants for issuance or renewal of a physician and surgeon's license. The bill would also provide that at least 15% of the funds collected be dedicated to loan assistance for physicians and surgeons who agree to practice in geriatric care settings or settings that primarily serve adults over the age of 65 years or adults with disabilities.

~~(2) Under existing law, all moneys paid to, and received by, the Medical Board of California are paid into the State Treasury and credited to the Contingent Fund of the Medical Board of California.~~

~~This bill would require the board, on an annual basis, to transfer all excess reserve funds in the contingent fund that amount to more than 2 months' operating expenditures to the Medically Underserved Account for Physicians.~~

~~(3) Because~~

~~Because~~ this bill would provide for the deposit of additional fees in a continuously appropriated fund, it would make an appropriation.

Vote: majority. Appropriation: yes. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 2023 of the Business and Professions  
2 Code is amended to read:

3 2023. (a) The board, in conjunction with the Health Professions  
4 Education Foundation, shall study the issue of its providing medical  
5 malpractice insurance to physicians and surgeons who provide  
6 voluntary, unpaid services as described in subdivision (b) of  
7 Section 2083, and report its findings to the Legislature on or before  
8 January 1, 2008.

9 (b) The report shall include, but not be limited to, a discussion  
10 of the following items:

11 (1) The cost of administering a program to provide medical  
12 malpractice insurance to the physicians and surgeons and the  
13 process for administering the program.

14 (2) The options for providing medical malpractice insurance to  
15 the physicians and surgeons and for funding the coverage.

(3) Whether the licensure surcharge fee assessed under Section 2436.5 is sufficient to fund the provision of medical malpractice insurance for the physicians and surgeons.

(c) This section shall be implemented only after the Legislature has made an appropriation from the Contingent Fund of the Medical Board of California to fund the study.

SEC. 2. Section 2435.2 of the Business and Professions Code, as added by Section 1 of Chapter 293 of the Statutes of 2005, is amended and renumbered to read:

2436.5. (a) In addition to the fees charged for the initial issuance or biennial renewal of a physician and surgeon's certificate pursuant to Section 2435, and at the time those fees are charged, the board shall charge each applicant or renewing licensee an additional twenty-five dollar (\$25) fee for the purposes of this section.

(b) This twenty-five dollar (\$25) fee shall be paid at the time of application for initial licensure or biennial renewal. The twenty-five dollar (\$25) fee shall be due and payable along with the fee for the initial certificate or biennial renewal.

(c) The board shall transfer all funds collected pursuant to this section, on a monthly basis, to the Medically Underserved Account for Physicians created by Section 128555 of the Health and Safety Code for the Steven M. Thompson Physician Corps Loan Repayment Program.

(d) At least 15 percent of the funds collected pursuant this section shall be dedicated to loan assistance for physicians and surgeons who agree to practice in geriatric care settings or settings that primarily serve adults over the age of 65 years or adults with disabilities. Priority consideration shall be given to those physicians and surgeons who are trained in, and practice, geriatrics and who can meet the cultural and linguistic needs and demands of diverse populations of older Californians.

~~SEC. 3. Section 2445 of the Business and Professions Code is amended to read:~~

~~2445. (a) All moneys paid to and received by the board shall be paid into the State Treasury and shall be credited to the Contingent Fund of the Medical Board of California. Those moneys shall be reported at the beginning of each month, for the month preceding, to the Controller.~~

1 ~~(b) The contingent fund shall be for the use of the board and~~  
2 ~~from it shall be paid all salaries and all other expenses necessarily~~  
3 ~~incurred in carrying into effect the provisions of this chapter.~~

4 ~~(c) If there is any surplus in these receipts after the board's~~  
5 ~~salaries and expenses are paid, that surplus shall be applied solely~~  
6 ~~to expenses incurred under the provisions of this chapter. No~~  
7 ~~surplus in these receipts shall be deposited in or transferred to the~~  
8 ~~General Fund.~~

9 ~~(d) Notwithstanding subdivision (c), on an annual basis, the~~  
10 ~~board shall transfer all excess reserve funds in the contingent fund~~  
11 ~~that amount to more than two months' operating expenditures~~  
12 ~~under this chapter to the Medically Underserved Account for~~  
13 ~~Physicians created by Section 128555 of the Health and Safety~~  
14 ~~Code for the Steven M. Thompson Physician Corps Loan~~  
15 ~~Repayment Program.~~

16 ~~SEC. 4.~~

17 *SEC. 3.* Section 128553 of the Health and Safety Code is  
18 amended to read:

19 128553. (a) Program applicants shall possess a current valid  
20 license to practice medicine in this state issued pursuant to Section  
21 2050 of the Business and Professions Code.

22 (b) The foundation, in consultation with those identified in  
23 subdivision (b) of Section 123551, shall use guidelines developed  
24 by the Medical Board of California for selection and placement  
25 of applicants until the office adopts other guidelines by regulation.

26 (c) The guidelines shall meet all of the following criteria:

27 (1) Provide priority consideration to applicants that are best  
28 suited to meet the cultural and linguistic needs and demands of  
29 patients from medically underserved populations and who meet  
30 one or more of the following criteria:

31 (A) Speak a Medi-Cal threshold language.

32 (B) Come from an economically disadvantaged background.

33 (C) Have received significant training in cultural and  
34 linguistically appropriate service delivery.

35 (D) Have three years of experience working in medically  
36 underserved areas or with medically underserved populations.

37 (E) Have recently obtained a license to practice medicine.

38 (2) Include a process for determining the needs for physician  
39 services identified by the practice setting and for ensuring that the

1 practice setting meets the definition specified in subdivision (h)  
2 of Section 128552.

3 (3) Give preference to applicants who have completed a  
4 three-year residency in a primary specialty.

5 (4) Seek to place the most qualified applicants under this section  
6 in the areas with the greatest need.

7 (5) Include a factor ensuring geographic distribution of  
8 placements.

9 (6) On and after January 1, 2009, at least 15 percent of the funds  
10 collected pursuant to Section 2436.5 of the Business and  
11 Professions Code shall be dedicated to loan assistance for  
12 physicians and surgeons who agree to practice in geriatric care  
13 settings or settings that primarily serve adults over the age of 65  
14 years or adults with disabilities. Priority consideration shall be  
15 given to those who are trained in, and practice, geriatrics and who  
16 can meet the cultural and linguistic needs and demands of diverse  
17 populations of older Californians.

18 (d) (1) The foundation may appoint a selection committee that  
19 provides policy direction and guidance over the program and that  
20 complies with the requirements of subdivision (l) of Section  
21 128552.

22 (2) The selection committee may fill up to 20 percent of the  
23 available positions with program applicants from specialties outside  
24 of the primary care specialties.

25 (e) Program participants shall meet all of the following  
26 requirements:

27 (1) Shall be working in or have a signed agreement with an  
28 eligible practice setting.

29 (2) Shall have full-time status at the practice setting. Full-time  
30 status shall be defined by the board and the selection committee  
31 may establish exemptions from this requirement on a case-by-case  
32 basis.

33 (3) Shall commit to a minimum of three years of service in a  
34 medically underserved area. Leaves of absence shall be permitted  
35 for serious illness, pregnancy, or other natural causes. The selection  
36 committee shall develop the process for determining the maximum  
37 permissible length of an absence and the process for reinstatement.  
38 Loan repayment shall be deferred until the physician is back to  
39 full-time status.



1 (f) The office shall adopt a process that applies if a physician  
2 is unable to complete his or her three-year obligation.

3 (g) The foundation, in consultation with those identified in  
4 subdivision (b) of Section 128551, shall develop a process for  
5 outreach to potentially eligible applicants.

6 (h) The foundation may recommend to the office any other  
7 standards of eligibility, placement, and termination appropriate to  
8 achieve the aim of providing competent health care services in  
9 approved practice settings.

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MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 2442  
**Author:** Nakanishi  
**Bill Date:** June 16, 2008, amended  
**Subject:** MBC: Peer Review Proceedings  
**Sponsor:** Medical Board of California  
**Board Position:** Sponsor/Support

**STATUS OF BILL:**

This bill is currently in the Senate Appropriations Committee on suspense.

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill would repeal Business and Professions Code sections 821.5 and 821.6 which require reporting to the Medical Board (Board) diversion program by health entities physicians under investigation with mental and physical illnesses.

This bill was amended to include a transfer of \$500,000 from the Contingent Fund of the Board to the Medically Underserved Account for Physicians within the Health Professions Education Foundation (HPEF), a continuously appropriated account, thereby making an appropriation.

**ANALYSIS:**

Business and Professions Code sections 821.5 and 821.6 were added to law in 1996 to require reporting to the Board's diversion program related to physicians under investigation by health entities with mental and physical illnesses. This provided the diversion program a "heads up" that there maybe an issue and that a physician may be recommended to enter the program.

With the sunset of the diversion program on June 30, 2008 those reporting requirements are no longer be necessary. Should the investigation by the health entity lead to actions that rise to a high enough level, then those physicians must be reported to the Board under Business and Professions Code section 805. Therefore these provisions are no longer necessary.

This bill was amended to include a transfer of \$500,000 from the Contingent Fund of the Board to the Medically Underserved Account for Physicians, a continuously appropriated account, thereby making an appropriation.

Under existing law, the Medically Underserved Account for Physicians is established within the Health Professions Education Fund for purposes of providing funding for the ongoing operations of the Steven M. Thompson Physician Corps Loan Repayment Program. Funds placed in the account are continuously appropriated for the repayment of loans. The Board voted to seek legislation to transfer those funds at its November 2008 meeting.

**FISCAL:**                \$500,000

**POSITION:**            Sponsor/Support

July 17, 2008

AMENDED IN SENATE JUNE 16, 2008

AMENDED IN ASSEMBLY MARCH 25, 2008

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

**ASSEMBLY BILL**

**No. 2442**

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**Introduced by Assembly Member Nakanishi**

February 21, 2008

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An act to repeal Sections 821.5 and 821.6 of the Business and Professions Code, relating to healing arts, *making an appropriation therefor*, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 2442, as amended, Nakanishi. ~~Medicine: peer review proceedings.~~  
*Medicine.*

**Existing**

(1) *Existing* law requires peer review bodies that review physicians and surgeons to report certain information regarding investigations of physicians and surgeons who may be suffering from a disabling mental or physical condition to the diversion program of the Medical Board of California, which program becomes inoperative *on* July 1, 2008, and requires the diversion program administrator to carry out specified duties in this regard. Existing law requires the board to adopt regulations implementing the monitoring responsibility of the diversion program administrator on or before January 1, 1997, as specified.

This bill would delete these provisions.

(2) *Under the Medical Practice Act, the Medical Board of California regulates physicians and surgeons and provides for their licensure. All moneys paid to, and received by, the board are paid into the State*

*Treasury and credited to the Contingent Fund of the Medical Board of California.*

*Under existing law, the Medically Underserved Account for Physicians is established within the Health Professions Education Fund for purposes of providing funding for the ongoing operations of the Steven M. Thompson Physician Corps Loan Repayment Program, as specified. Funds placed in the account are continuously appropriated for the repayment of loans.*

*This bill would transfer \$500,000 from the Contingent Fund of the Medical Board of California to the Medically Underserved Account for Physicians, a continuously appropriated account, thereby making an appropriation.*

~~This~~

(3) This bill would declare that it is to take effect immediately as an urgency statute.

Vote:  $\frac{2}{3}$ . Appropriation: ~~no~~-yes. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 821.5 of the Business and Professions  
2 Code is repealed.

3 SEC. 2. Section 821.6 of the Business and Professions Code  
4 is repealed.

5 SEC. 3. *Notwithstanding Section 2445 of the Business and*  
6 *Professions Code, the amount of five hundred thousand dollars*  
7 *(\$500,000) shall be transferred, one time only, from the Contingent*  
8 *Fund of the Medical Board of California to the Medically*  
9 *Underserved Account for Physicians created by Section 128555*  
10 *of the Health and Safety Code for the Steven M. Thompson*  
11 *Physician Corps Loan Repayment Program.*

12 ~~SEC. 3.~~

13 SEC. 4. This act is an urgency statute necessary for the  
14 immediate preservation of the public peace, health, or safety within  
15 the meaning of Article IV of the Constitution and shall go into  
16 immediate effect. The facts constituting the necessity are:

17 In order to ensure that reporting requirements administered by  
18 the diversion program of the Medical Board of California are  
19 deleted when that program becomes inoperative, *and that the*  
20 *Medically Underserved Account for Physicians receives funding*

1 *at the earliest possible time*, it is necessary that this act take effect  
2 immediately.

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MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 2443  
**Author:** Nakanishi  
**Bill Date:** June 16, 2008, amended  
**Subject:** MBC: Physician Well-Being  
**Sponsor:** Medical Board of California  
**Position:** Sponsor/Support

**STATUS OF BILL:**

This bill is currently in the Senate Appropriations Committee.

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill would require the Medical Board (Board) to establish a program to promote the well-being of medical students, post graduate trainees, and licensed physicians. The program should address and prevent illness and burnout due to stress, overworking, and professional dissatisfaction by including an evaluation of wellness education. The bill would require that the program be developed within existing resources.

**ANALYSIS:**

Through their extensive education and training, physicians are seen as the preeminent healthcare providers of the world. But the wellness of the patient relies on the wellness of the practitioner, who often gives priority to those under his care before his own well being and that of his family. The stresses of the job are created by a broad spectrum of factors yet can significantly impact the effectiveness of a physician.

Current law does not address the issue of physician wellness. However, since the mission of the Board is to protect healthcare consumers, it must be recognized that this best can be achieved by having healthy physicians care for their patients

During the past year, the Board has been discussing the issue of physician wellness. The focus of the review centered on the benefits that might be derived from the implementation of the program to assist with licensees' well-being. The Board believes that any action which promotes the prevention of physician "unwellness" is a worthwhile effort. This concept was formalized in the creation of a Wellness Committee in summer of 2007.

This bill was amended to require the program to be developed within existing resources. Additional amendments to this bill added some general parameters to the program, which includes an examination and evaluation of existing wellness education programs, a series of relevant articles published in the Board's Newsletter, an examination of incentives to encourage physicians to become knowledgeable regarding the issues concerning their well-being, and an outreach effort to promote physician wellness.

**FISCAL:**               None

**POSITION:**           Sponsor/Support

July 15, 2008





DEPARTMENT OF  
**FINANCE**  
OFFICE OF THE DIRECTOR

ARNOLD SCHWARZENEGGER, GOVERNOR

STATE CAPITOL ■ ROOM 1145 ■ SACRAMENTO CA ■ 95814-4998 ■ [WWW.DGF.CA.GOV](http://WWW.DGF.CA.GOV)

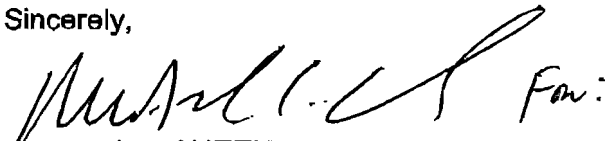
**JUL - 8 2008**

Honorable Alan Nakanishi  
Member of the Assembly  
State Capitol, Room 5175  
Sacramento, CA 95814

Dear Assemblyman Nakanishi:

Our office has reviewed AB 2443, and on the basis of our attached analysis of available information, we regret that we must oppose your legislation. If you feel that we may have overlooked factors that may be important in evaluating your legislation, please call me at 445-8610 and we will arrange any assistance necessary.

Sincerely,



THOMAS L. SHEEHY  
Deputy Director

Attachment

## DEPARTMENT OF FINANCE BILL ANALYSIS

**AMENDMENT DATE:** June 16, 2008  
**POSITION:** Oppose  
**SPONSOR:** Medical Board of California

**BILL NUMBER:** AB 2443  
**AUTHOR:** A. Nakanishi

**BILL SUMMARY**

This bill would require the Medical Board of California (Board) to establish a program to promote the well being of physicians and surgeons, as specified.

**FISCAL SUMMARY**

The Board has indicated that there would be no fiscal impact as the bill requires the program to be developed within existing resources. The Department of Finance estimates one-time costs of \$100,000 to \$200,000 to conduct a review of the wellness and education programs provided to medical students, post graduate trainees, and licensed physician and surgeons and to develop the required program. To the extent these costs cannot be absorbed within existing resources, the Board has a sufficient fund balance for this increase in costs. Any request for additional resources will be evaluated as part of the annual budget process.

**COMMENTS**

Finance is opposed to this bill as the program would be more appropriate for a professional association, like the American Medical Association who advocates on behalf of physicians and surgeons, rather than a function of state government.

**Existing law:**

- Establishes the Board for the purpose of licensing and regulating physicians.
- Establishes various qualification, standards, and requirements for licensed physicians and authorizes the Board to take disciplinary action against a licensee for a violation.
- Requires the Board to have, as its highest priority, the protection of the public, and specifies that when the protection of the public is inconsistent with other interest sought to be promoted, the protection of the public is paramount.

This bill would require the Board to establish a program to promote issues concerning physician and surgeon well-being. The program is to include: an examination and evaluation of existing wellness education, publication of a series of relevant articles, consolidation of resources that promote wellness; and an outreach effort. This bill would require the program to be developed within existing resources unless authorized in the annual Budget Act.

|  |      |                                      |   |
|--|------|--------------------------------------|---|
| Analyst/Principal<br>(0240) K. Shelton | Date | Program Budget Manager<br>Todd Jerue | Date 7/7/08   |
| Original Signed By<br>Mike Genest      |      | JUL 8 2008                           |   |
| Governor's Office:                     | By:  | Date: JUL 10 2008                    | Position Approved <input checked="" type="checkbox"/><br>Position Disapproved |
| BILL ANALYSIS                          |      |                                      | Form DF-43 (Rev 03/95 Buff)   |

(2)

**BILL ANALYSIS/ENROLLED BILL REPORT--(CONTINUED)**

Form DF-43

**AUTHOR**

**AMENDMENT DATE**

**BILL NUMBER**

### A: Nakanishi

**June 16, 2008**

**AB 2443**

|                   |  | (Fiscal Impact by Fiscal Year) |    |           |    |            |    |            |      |
|-------------------|--|--------------------------------|----|-----------|----|------------|----|------------|------|
| Code/Department   | LA                                       | (Dollars in Thousands)         |    |           |    |            |    |            |      |
| Agency or Revenue | CO                                       | PROP                           |    |           |    |            |    |            | Fund |
| Type              | RV                                       | 98                             | FC | 2007-2008 | FC | 2008-2009  | FC | 2009-2010  | Code |
| 1110/ConAfr-ReqBd | SO                                       | No                             | C  | \$0       | C  | \$50 - 100 | C  | \$50 - 100 | 0758 |
| <u>Fund Code</u>  | <u>Title</u>                             |                                |    |           |    |            |    |            |      |
| 0758              | Contingent Fd of the Medical Board of CA |                                |    |           |    |            |    |            |      |

AMENDED IN SENATE JUNE 16, 2008

AMENDED IN ASSEMBLY MAY 23, 2008

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

**ASSEMBLY BILL**

**No. 2443**

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**Introduced by Assembly Member Nakanishi**

February 21, 2008

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An act to add Section 2005 to the Business and Professions Code, relating to medicine.

LEGISLATIVE COUNSEL'S DIGEST

AB 2443, as amended, Nakanishi. Medical Board of California: physician and surgeon well-being.

Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California and vests the board with certain responsibilities.

This bill would require the board to establish a program to promote the *issues concerning physician and surgeon well-being* ~~of physicians and surgeons~~ and would require the program to include, ~~but not be limited to~~ *among other things*, an examination *and evaluation* of existing wellness education for medical students, postgraduate trainees, and licensed physicians and surgeons *and an outreach effort to promote physician and surgeon wellness*. The bill would require the program to be developed within existing resources unless otherwise authorized in the annual Budget Act.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 2005 is added to the Business and  
2 Professions Code, to read:

3 2005. (a) The board shall establish a program to promote the  
4 ~~well-being of physicians and surgeons~~ *issues concerning physician*  
5 *and surgeon well-being*. This program shall include, but not be  
6 limited to, ~~an examination of all of the following~~:

7 (1) *An examination and evaluation of existing wellness education*  
8 *for medical students, postgraduate trainees, and licensed physicians*  
9 *and surgeons. This program*

10 (2) *A series of relevant articles published in the board's*  
11 *newsletter.*

12 (3) *A consolidation of resources that promote physician and*  
13 *surgeon wellness.*

14 (4) *An examination of incentives to encourage physicians and*  
15 *surgeons to become knowledgeable regarding the issues*  
16 *concerning their well-being.*

17 (5) *An outreach effort to promote physician and surgeon*  
18 *wellness.*

19 (b) *The program described in subdivision (a) shall be developed*  
20 *within existing resources unless otherwise authorized in the annual*  
21 *Budget Act.*

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MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 2444  
**Author:** Nakanishi  
**Bill Date:** July 1, 2008, amended  
**Subject:** MBC: Public Letters of Reprimand with Education  
**Sponsor:** Medical Board of California  
**Board Position:** Sponsor/Support

**STATUS OF BILL:**

This bill is currently on the Senate Floor.

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill would allow the Medical Board (Board) to include requirements for specific education and training as part of rehabilitation for offenses in public letters of reprimand.

**ANALYSIS:**

Currently, if the Board feels the appropriate level of discipline for a physician is a public letter of reprimand with some required training in ethics or record keeping, the Board must file a formal accusation against a physician in order to require the specific education and training as part of the settlement which includes a public reprimand. This process is time consuming and costly for both the Board and the physician, as the filing of an accusation is a full blown legal proceeding and goes on the public record in this form. If the board were allowed to issue a public letter of reprimand with specified education and training as the only additional requirements being sought by the Board, this would expedite the disciplinary process for both the consumer and the physician.

Allowing the Board to include requirements for specific education and training as part of rehabilitation for offenses in public letters of reprimand would reduce the number of formal accusations filed by Enforcement, while continuing to allow for public disclosure of the action. This would benefit the consumer by expediting the final action, and the Board and the physician by drastically reducing time and costs. In addition, it would further the mission of consumer protection by providing public disclosure of the discipline and rehabilitation of physicians.

**FISCAL:** None

**POSITION:** Sponsor/Support

July 15, 2008

AMENDED IN SENATE JULY 1, 2008

AMENDED IN SENATE JUNE 17, 2008

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

**ASSEMBLY BILL**

**No. 2444**

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**Introduced by Assembly Member Nakanishi**

February 21, 2008

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An act to amend Section 2233 of the Business and Professions Code, relating to medicine.

LEGISLATIVE COUNSEL'S DIGEST

AB 2444, as amended, Nakanishi. Medical Board of California: disciplinary actions.

Existing law, the Medical Practice Act, provides for the licensure and regulation of ~~physician~~ *physicians* and surgeons by the Medical Board of California. Under existing law, the board is responsible for administering the disciplinary provisions of the act and is authorized to issue public letters of reprimand under specified circumstances, rather than filing or prosecuting a formal accusation.

This bill would allow the board to include a requirement for specified training or education in a public letter of reprimand.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 2233 of the Business and Professions
- 2 Code is amended to read:

1     2233. (a) The board may, by stipulation or settlement with the  
2 affected physician and surgeon, issue a public letter of reprimand  
3 after it has conducted an investigation or inspection as provided  
4 in this article, rather than filing or prosecuting a formal accusation.  
5 *The public letter of reprimand may, at the discretion of the board,*  
6 *include a requirement for specified training or education.* The  
7 affected physician and surgeon shall indicate agreement or  
8 nonagreement in writing within 30 days of formal notification by  
9 the board of its intention to issue the letter. The board, at its option,  
10 may extend the response time. Use of a public reprimand shall be  
11 limited to minor violations and shall be issued under guidelines  
12 established by regulations of the board. A public letter of reprimand  
13 issued pursuant to this section may be disclosed to an inquiring  
14 member of the public.

15     ~~(b) Notwithstanding any other provision of law, a public letter~~  
16 ~~of reprimand issued pursuant to this section may, at the discretion~~  
17 ~~of the board, include a requirement for specified training or~~  
18 ~~education.~~



MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 2445  
**Author:** Nakanishi  
**Bill Date:** July 4, 2008, amended  
**Subject:** MBC: Licensing Public Letters of Reprimand  
**Sponsor:** Medical Board of California  
**Board Position:** Sponsor/Support

**STATUS OF BILL:**

This bill is currently on the Senate Floor.

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill would allow the Medical Board (Board) to issue a public letter of reprimand to applicants who have committed lesser violations with regard to unprofessional conduct.

**ANALYSIS:**

Current law does not allow the Board to issue a public letter of reprimand to an applicant. Applicants who have previous violations are issued a physician's license in a probationary status.

Allowing the Board to issue a public letter of reprimand in lieu of probation to applicants who have committed lesser violations with regard to unprofessional conduct would benefit the Board as well as the physician, while continuing the mission of public protection, as the public letter of reprimand is a public document. The public letter of reprimand would be purged from the licensee's record after three years, the same period of time a probationary license would terminate for the lesser violations.

This bill was amended to require the Board to publish all public letters of reprimand on the Board's Internet Web site.

**FISCAL:** None

**POSITION:** Sponsor/Support

July 15, 2008

AMENDED IN SENATE JUNE 4, 2008

AMENDED IN ASSEMBLY APRIL 1, 2008

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

**ASSEMBLY BILL**

**No. 2445**

---

**Introduced by Assembly Member Nakanishi**

February 21, 2008

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An act to amend Section 2221 of, and to add Section 2221.05 to, the Business and Professions Code, relating to medicine.

LEGISLATIVE COUNSEL'S DIGEST

AB 2445, as amended, Nakanishi. Medical Board of California: disciplinary procedures: applicants.

Existing law, the Medical Practice Act, creates the Medical Board of California and makes it responsible for issuing a physician's and surgeon's certificate to qualified applicants. Upon a determination that an applicant is guilty of unprofessional conduct or of any cause that would subject a licensee to revocation or suspension of his or her license, the act authorizes the board to deny his or her application or to issue a probationary certificate that is subject to conditions of probation.

This bill would authorize the board to issue a physician's and surgeon's certificate to an applicant who has committed ~~lesser~~ *minor* violations, as specified, and to concurrently issue a public letter of reprimand, which would be purged 3 years from the date of issuance. *The bill would require that the public letter of reprimand be disclosed to an inquiring member of the public and be posted on the board's Internet Web site.*

This bill would also make technical, nonsubstantive, and clarifying changes to a related provision with regard to reapplication procedures and obsolete references, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1     SECTION 1. Section 2221 of the Business and Professions  
2     Code is amended to read:

3     2221. (a) The board may deny a physician's and surgeon's  
4     certificate to an applicant guilty of unprofessional conduct or of  
5     any cause that would subject a licensee to revocation or suspension  
6     of his or her license; or, the board in its sole discretion, may issue  
7     a probationary physician's and surgeon's certificate to an applicant  
8     subject to terms and conditions, including, but not limited to, any  
9     of the following conditions of probation:

10    (1) Practice limited to a supervised, structured environment  
11    where the licensee's activities shall be supervised by another  
12    physician and surgeon.

13    (2) Total or partial restrictions on drug prescribing privileges  
14    for controlled substances.

15    (3) Continuing medical or psychiatric treatment.

16    (4) Ongoing participation in a specified rehabilitation program.

17    (5) Enrollment and successful completion of a clinical training  
18    program.

19    (6) Abstention from the use of alcohol or drugs.

20    (7) Restrictions against engaging in certain types of medical  
21    practice.

22    (8) Compliance with all provisions of this chapter.

23    (9) Payment of the cost of probation monitoring.

24    (b) The board may modify or terminate the terms and conditions  
25    imposed on the probationary certificate upon receipt of a petition  
26    from the licensee.

27    (c) Enforcement and monitoring of the probationary conditions  
28    shall be under the jurisdiction of the board in conjunction with the  
29    administrative hearing procedures established pursuant to Sections  
30    11371, 11372, 11373, and 11529 of the Government Code, and  
31    the review procedures set forth in Section 2335.

1 (d) The board shall deny a physician's and surgeon's certificate  
2 to an applicant who is required to register pursuant to Section 290  
3 of the Penal Code. This subdivision does not apply to an applicant  
4 who is required to register as a sex offender pursuant to Section  
5 290 of the Penal Code solely because of a misdemeanor conviction  
6 under Section 314 of the Penal Code.

7 (e) An applicant shall not be eligible to reapply for a physician's  
8 and surgeon's certificate for a minimum of three years from the  
9 effective date of the final decision or action regarding the denial  
10 of his or her application, except that the board may, in its discretion  
11 and for good cause demonstrated, permit reapplication after not  
12 less than one year has elapsed from the effective date of the final  
13 decision or action regarding the denial.

14 SEC. 2. Section 2221.05 is added to the Business and  
15 Professions Code, to read:

16 2221.05. (a) Notwithstanding subdivision (a) of Section 2221,  
17 the board may issue a physician's and surgeon's certificate to an  
18 applicant who has committed ~~lesser~~ *minor* violations that the board  
19 deems, in its discretion, do not merit the denial of a certificate or  
20 require probationary status under Section 2221, and may  
21 concurrently issue a public letter of reprimand.

22 (b) A public letter of reprimand issued concurrently with a  
23 physician's and surgeon's certificate shall be purged three years  
24 from the date of issuance.

25 (c) A public letter of reprimand issued pursuant to this section  
26 ~~may~~ *shall* be disclosed to an inquiring member of the public *and*  
27 *shall be posted on the board's Internet Web site.*

28 (d) Nothing in this section shall be construed to affect the  
29 board's authority to issue an unrestricted license.

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 2482 (Chapter #76)  
**Author:** Maze  
**Bill Date:** February 21, 2008, Introduced  
**Subject:** Physician Assistants: continuing education  
**Sponsor:** Author  
**Board Position:** Support

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill permits the Physician Assistant Committee (PAC) to require, by regulatory action, its licensees to complete up to 50 hours of continuing education in order to renew their licenses. The bill also gives the PAC discretion to accept certification by the National Commission on Certification of Physician Assistants (NCCPA) or another qualified certifying body as evidence of compliance with continuing education requirements.

**IMPLEMENTATION:**

- Newsletter Article
- Notify Board staff

July 15, 2008

**Assembly Bill No. 2482**

**CHAPTER 76**

An act to add Section 3524.5 to the Business and Professions Code, relating to physician assistants.

[Approved by Governor July 8, 2008. Filed with Secretary  
of State July 8, 2008.]

**LEGISLATIVE COUNSEL'S DIGEST**

AB 2482, Maze. Physician assistants: continuing education.

Existing law, the Physician Assistant Practice Act, establishes the Physician Assistant Committee of the Medical Board of California. Under existing law, the committee licenses physician assistants under the name of the board and regulates the practice of physician assistants. Existing law provides for the renewal of unexpired licenses and certain expired licenses by applying for renewal on a form provided by the committee and paying certain fees, as specified.

This bill would authorize the committee to require a licensee to complete continuing education as a condition of license renewal. The bill would prohibit the committee from requiring more than 50 hours of continuing education every 2 years and would require the committee to, as it deems appropriate, accept certification by a specified commission or another qualified certifying body as evidence of compliance with continuing education requirements.

*The people of the State of California do enact as follows:*

SECTION 1. Section 3524.5 is added to the Business and Professions Code, to read:

3524.5. The committee may require a licensee to complete continuing education as a condition of license renewal under Section 3523 or 3524. The committee shall not require more than 50 hours of continuing education every two years. The committee shall, as it deems appropriate, accept certification by the National Commission on Certification of Physician Assistants (NCCPA), or another qualified certifying body, as determined by the committee, as evidence of compliance with continuing education requirements.

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MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 2543  
**Author:** Berg  
**Bill Date:** June 17, 2008, amended  
**Subject:** Loan Repayment Program: geriatric workforce  
**Sponsor:** Author

**STATUS OF BILL:**

This bill is currently in the Senate Appropriations Committee and has been set for hearing on August 4, 2008.

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill would enact the Geriatric and Gerontology Workforce Expansion Act, to provide loan repayment assistance to licensed and associate clinical social workers, marriage and family therapists, and registered marriage and family therapy interns who work in a geriatric care setting provide geriatric services, and marriage and family therapists who work in a geriatric care setting.

This bill would require the Steven M. Thompson Loan Repayment Program to provide priority consideration to applicants who agree to practice in a geriatric care setting and are trained in geriatrics, and who can meet the cultural and linguistic needs and demands of a diverse population of older Californians.

**ANALYSIS:**

California currently faces a severe shortage of professionals needed to operate programs and provide services to older adults. The greatest gaps in the geriatric workforce are shown to be in the medical and social work fields. There are approximately 890 board-certified geriatricians in the state, only one for every 4,000 Californians over the age of 65.

In an attempt to fill the growing workforce gaps in geriatric services, this bill establishes the California Geriatric and Gerontology Workforce Expansion Act of 2008. This act would set up loan repayment assistance for physicians, social workers, and marriage and family therapists.

This bill was amended to remove the requirement that the Steven M. Thompson Physician Corps Loan Repayment Program under the Health and Professions Education Foundation fill 15% of the available positions within the program with applicants who

agree to practice in a geriatric care setting. Instead, the bill now requires the program to give priority consideration to applicants who agree to practice in a geriatric care setting and are trained in geriatrics, and who can meet the cultural and linguistic needs and demands of a diverse population of older Californians.

**FISCAL:**               None to the Board.

**POSITION:**           Oppose

**Recommendation: Support the provisions related to the  
Steven M. Thompson Loan Repayment Program.**

July 17, 2008



AMENDED IN SENATE JUNE 17, 2008  
AMENDED IN ASSEMBLY MAY 23, 2008  
AMENDED IN ASSEMBLY APRIL 23, 2008  
AMENDED IN ASSEMBLY APRIL 7, 2008  
AMENDED IN ASSEMBLY MARCH 25, 2008  
AMENDED IN ASSEMBLY MARCH 24, 2008

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

**ASSEMBLY BILL**

**No. 2543**

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**Introduced by Assembly Member Berg  
(Coauthors: Assembly Members De La Torre and Dymally)**

February 22, 2008

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An act to add Sections ~~2815.2, 4984.76, 4984.76~~ and 4996.66 to the Business and Professions Code, and to amend Sections ~~128552 128454, 128552, and 128553~~ of, ~~to add Article 5 (commencing with Section 128305) and Article 6 (commencing with Section 128310) to Chapter 4 of Part 3 of Division 107 of, and to add Chapter 6 (commencing with Section 128559) to Part 3 of Division 107 of~~ and to add Section 128459 to, the Health and Safety Code, relating to loan assistance, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 2543, as amended, Berg. Geriatric and Gerontology Workforce Expansion Act.

(1) Existing law provides for the licensure or registration and regulation of ~~nurses~~, licensed and associate clinical social workers, marriage and family therapists, and marriage and family therapy interns

by ~~specified boards~~ the Board of Behavioral Sciences. Existing law requires those persons to pay licensing and renewal fees for licensure, as specified.

*Existing law provides for the Licensed Mental Health Service Provider Education Program within the Health Professions Education Foundation, which provides grants for the repayment of loans to licensed mental health service providers serving in mental health professional shortage areas. The program is developed and operated by the foundation, which makes recommendations to the Director of Statewide Health Planning and Development for purposes of loan repayment contracts.*

This bill would ~~establish~~ *enact* the Geriatric and Gerontology Workforce Expansion Act, ~~which would be administered by the Office of Statewide Health Planning and Development to provide grants for loan repayment assistance, on or after January 1, 2010, to nurses, licensed and associate clinical social workers, marriage and family therapists, and registered marriage and family therapy interns who work in a geriatric care setting provide geriatric services, as specified defined.~~ For those purposes, the bill would raise the licensing and renewal fees of these licensees by \$10, as specified, for deposit into the ~~continuously appropriated funds of the boards described above~~ *Geriatric Social Workers and Marriage and Family Therapists Account, which would be established in the Mental Health Practitioner Education Fund as a continuously appropriated account within the fund, thereby making an appropriation. The bill would also require the foundation to make specified recommendations to the director concerning guidelines for the selection of applicants to the loan repayment program.*

~~This bill would also establish the California Geriatric and Gerontology Student Loan Assistance Program of 2008, which would be administered by the Office of Statewide Health Planning and Development for purposes of providing loan assistance to students who intend to become employed as licensed health care professionals, licensed or associate clinical social workers, marriage and family therapists, or licensed marriage and family therapy interns in a geriatric care setting, as specified. Those provisions would only become operative if appropriate funding, as determined by the office, is made available. The bill would require the office to report annually to the appropriate policy and fiscal committees of the Legislature with regard to the program, as specified.~~

(2) Existing law establishes the Steven M. Thompson Physician Corps Loan Repayment Program in the California Physician Corps

Program within the Health Professions Education Foundation, which provides financial incentives, as specified, to a physician and surgeon for practicing in a medically underserved community. Existing law ~~authorizes requires~~ the foundation to ~~appoint a selection committee to provide policy direction and guidance over the program~~ *use guidelines developed by the Medical Board of California for selection and placement of program applicants until the Office of Statewide Health Planning and Development adopts other guidelines by regulation.*

~~This bill would require that selection committee those guidelines to fill 15% of the available positions with include criteria that would give priority consideration to program applicants that who agree to practice in a geriatric care setting. These provisions would become operative only if AB 2439 is enacted and becomes effective on or before January 1, 2009.~~

Vote: majority. Appropriation: yes. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. This act shall be known and may be cited as the
- 2 Geriatric and Gerontology Workforce Expansion Act.
- 3 SEC. 2. The Legislature finds and declares all of the following:
- 4 (a) The population of California is aging at an exponential rate
- 5 with Californians who are 65 years of age or over reaching 6.5
- 6 million by 2010, which is over 14 percent of the total population,
- 7 and reaching over 9 million by 2020.
- 8 (b) The greatest growth within the aging population will be
- 9 those who are 85 years of age or older who will, by 2030, comprise
- 10 one in five of California's older residents.
- 11 (c) As California ages, it will become more racially and
- 12 ethnically diverse, with African Americans, Latinos, and Asian
- 13 Americans exceeding 40 percent of the older adult population,
- 14 many of whom were born outside the United States; meaning,
- 15 therefore, that there is a greater need for those providing services
- 16 to older adults to be bilingual or multilingual.
- 17 (d) It is the policy of the Mello-Granlund Older Californians
- 18 Act (Division 8.5 (commencing with Section 9000) of the Welfare
- 19 and Institutions Code) that older adults and those with disabilities
- 20 live as independent from institutions as much as possible and as
- 21 long as possible.

(e) It is the policy of the Mello-Granlund Older Californians Act (Division 8.5 (commencing with Section 9000) of the Welfare and Institutions Code) that to live independently, older Californians must have an array of home and community-based services, in conjunction with the federal Older Americans Act (42 U.S.C. Sec. 3001 et seq.), that support a quality of life and save taxpayer dollars in contrast to the cost of institutionalization.

(f) In order to sustain an independent lifestyle for older adults, there must be trained gerontologists and health care professionals trained in geriatrics to address the social and health needs of older adults as they age.

(g) At present, California faces a severe shortage of professional and paraprofessional gerontologists and geriatricians needed to operate programs and provide services for older adults. Currently, there is only one board-certified physician geriatrician per 4,000 Californians who are 65 years of age or older; and currently, only 5 percent of social workers are trained in gerontology or geriatrics, yet 62 percent of licensed social workers have, or have had, care management responsibilities.

(h) Incentives for recruiting students into training for careers in gerontology and geriatrics must be developed in order to fill the gap between workforce supply and demand lest the state incur the greater cost of institutionalization and the quality of life for older Californians suffers.

(i) Student loan forgiveness programs are a proven method of inducing health care professionals to pursue stipulated career fields for a specified time in exchange for loan assistance.

~~SEC. 3. Section 2815.2 is added to the Business and Professions Code, to read:~~

~~2815.2. In addition to the fees charged for initial issuance or biennial renewal of a license pursuant to Section 2815, and at the time those fees are charged, the board shall charge each applicant or licensee an additional fee of ten dollars (\$10) for the purposes of the California Geriatric Registered Nurses Loan Assistance Program of 2008 (Article 5 (commencing with Section 128305) of Chapter 4 of Part 3 of Division 107 of the Health and Safety Code). Payment of this ten-dollar (\$10) fee shall be made at the time of application for initial licensure or biennial renewal. All fees collected pursuant to this section shall be deposited in the~~

1 ~~Geriatric Registered Nurses Account, as provided in Section~~  
2 ~~128305.4 of the Health and Safety Code.~~

3 ~~SEC. 4.~~

4 ~~SEC. 3.~~ Section 4984.76 is added to the Business and  
5 Professions Code, to read:

6 4984.76. In addition to the fees charged for initial issuance or  
7 biennial renewal of a license pursuant to Section 4984.7, and at  
8 the time those fees are charged, the board shall charge each  
9 applicant or licensee an additional fee of ten dollars (\$10) for the  
10 ~~purposes of the California Geriatric Social Workers and Marriage~~  
11 ~~and Family Therapists Loan Assistance Program of 2008 (Article~~  
12 ~~6 (commencing with Section 128310) of Chapter 4 of Part 3 of~~  
13 ~~Division 107 of the Health and Safety Code). Payment of this~~  
14 ~~purposes of loan repayment under subdivision (d) of Section~~  
15 ~~128454 of the Health and Safety Code. Payment of this~~ ten-dollar  
16 (\$10) fee shall be made at the time of application for initial  
17 licensure or biennial renewal. All fees collected pursuant to this  
18 section shall be deposited in the Geriatric Social Workers and  
19 Marriage and Family Therapists Account, as provided in Section  
20 ~~128310.4~~ 128459 of the Health and Safety Code.

21 ~~SEC. 5.~~

22 ~~SEC. 4.~~ Section 4996.66 is added to the Business and  
23 Professions Code, to read:

24 4996.66. In addition to the fees charged for initial issuance or  
25 biennial renewal of a license pursuant to Section 4996.3, and at  
26 the time those fees are charged, the board shall charge each  
27 applicant or licensee an additional fee of ten dollars (\$10) for the  
28 ~~purposes of the California Geriatric Social Workers and Marriage~~  
29 ~~and Family Therapists Loan Assistance Program of 2008 (Article~~  
30 ~~6 (commencing with Section 128310) of Chapter 4 of Part 3 of~~  
31 ~~Division 107 of the Health and Safety Code). Payment of this~~  
32 ~~purposes of loan repayment under subdivision (d) of Section~~  
33 ~~128454 of the Health and Safety Code. Payment of this~~ ten-dollar  
34 (\$10) fee shall be made at the time of application for initial  
35 licensure or biennial renewal. All fees collected pursuant to this  
36 section shall be deposited in the Geriatric Social Workers and  
37 Marriage and Family Therapists Account, as provided in Section  
38 ~~128310.4~~ 128459 of the Health and Safety Code.

1     ~~SEC. 6. Article 5 (commencing with Section 128305) is added~~  
2 ~~to Chapter 4 of Part 3 of Division 107 of the Health and Safety~~  
3 ~~Code, to read:~~

4  
5             ~~Article 5. California Geriatric Registered Nurses Loan~~  
6             ~~Assistance Program of 2008~~  
7

8     ~~128305. There is hereby established in the Office of Statewide~~  
9 ~~Health Planning and Development, the California Geriatric~~  
10 ~~Registered Nurses Loan Assistance Program of 2008.~~

11     ~~128305.1. It is the intent of this article that the office, in~~  
12 ~~consultation with the board, the medical community, including~~  
13 ~~representatives of ethnic minority groups, medical schools, health~~  
14 ~~advocates, primary care clinics, public hospitals and health care~~  
15 ~~systems, statewide agencies administering state and federally~~  
16 ~~funded health programs targeting communities of older~~  
17 ~~Californians, and members of the public with health care issue area~~  
18 ~~expertise, shall develop and implement the California Geriatric~~  
19 ~~Registered Nurses Loan Assistance Program of 2008.~~

20     ~~128305.2. For purposes of this article, the following terms have~~  
21 ~~the following meanings:~~

22     ~~(a) "Account" means the Geriatric Registered Nurses Account~~  
23 ~~that is contained within the fund.~~

24     ~~(b) "Board" means the Board of Registered Nursing.~~

25     ~~(c) "Fund" means the Board of Registered Nursing Fund.~~

26     ~~(d) "Geriatrics" means the practice of nursing, with training in,~~  
27 ~~and application to, older adults who are 65 years of age or older~~  
28 ~~or those with disabilities.~~

29     ~~(e) "Office" means the Office of Statewide Health Planning and~~  
30 ~~Development.~~

31     ~~(f) "Program" means the California Geriatric Registered Nurses~~  
32 ~~Loan Assistance Program of 2008.~~

33     ~~128305.3. (a) Program applicants shall possess a current valid~~  
34 ~~license to practice registered nursing in this state issued by the~~  
35 ~~board pursuant to Section 2742 of the Business and Professions~~  
36 ~~Code.~~

37     ~~(b) The office shall develop the guidelines for selection and~~  
38 ~~placement of applicants. The guidelines shall do all of the~~  
39 ~~following:~~

1 ~~(1) Provide priority consideration to applicants who are trained~~  
2 ~~in, and practice, geriatric nursing, including, but not limited to,~~  
3 ~~nurses with doctorate degrees in gerontology, geriatric nurse~~  
4 ~~practitioners, and geriatric nurse clinicians, and who can meet the~~  
5 ~~cultural and linguistic needs and demands of diverse populations~~  
6 ~~of older Californians.~~

7 ~~(2) Give preference to applicants who have completed a~~  
8 ~~residency in nursing.~~

9 ~~(3) Seek to place the most qualified applicants under this section~~  
10 ~~in the areas with the greatest need.~~

11 ~~(4) Include a factor ensuring geographic distribution of~~  
12 ~~placements.~~

13 ~~(5) Ensure that applicants may not discriminate against those~~  
14 ~~who cannot pay for medical services or those who are funded, in~~  
15 ~~part or in whole, by Medicare or Medi-Cal.~~

16 ~~(c) Program participants shall be working in, or have a signed~~  
17 ~~agreement with, an eligible practice setting. The program~~  
18 ~~participant shall have full-time status, as defined by the office. The~~  
19 ~~office may establish exemptions to this requirement on a~~  
20 ~~case-by-case basis.~~

21 ~~(d) Program participants shall commit to a minimum of three~~  
22 ~~years of service in a geriatric care setting. Leaves of absence shall~~  
23 ~~be permitted for serious illnesses, pregnancy, or other natural~~  
24 ~~causes. The office shall develop the process for determining the~~  
25 ~~maximum permissible length of an absence and the process for~~  
26 ~~reinstatement. Loan repayment shall be deferred until the nurse is~~  
27 ~~back to full-time status.~~

28 ~~(e) The office shall develop the process to reconcile the loan~~  
29 ~~should a nurse be unable to complete his or her three-year~~  
30 ~~obligation.~~

31 ~~(f) The office shall develop a process for outreach to potentially~~  
32 ~~eligible applicants.~~

33 ~~(g) The office may adopt any other standards of eligibility,~~  
34 ~~placement, or termination appropriate to achieve the aim of~~  
35 ~~providing competent health care services in geriatrics.~~

36 ~~128305.4. (a) The Geriatric Registered Nurses Account is~~  
37 ~~hereby created in the fund.~~

38 ~~(b) Funding for the account shall be from fees paid at the time~~  
39 ~~of initial licensure or renewal pursuant to Section 2815.2 of the~~  
40 ~~Business and Professions Code.~~

1     ~~(e) Funds placed into the account shall be used by the office to~~  
2 ~~repay the loans of program participants pursuant to agreements~~  
3 ~~made under the program.~~

4     ~~(1) Funds paid out for loan repayment may have a funding match~~  
5 ~~from foundation or other private sources.~~

6     ~~(2) Loan repayments shall not exceed thirty thousand dollars~~  
7 ~~(\$30,000) per program participant.~~

8     ~~(3) Loan repayments shall not exceed the amount of the~~  
9 ~~educational loans incurred by the program participant.~~

10    ~~(d) Notwithstanding Section 11005 of the Government Code,~~  
11 ~~the office may seek and receive matching funds from foundations~~  
12 ~~and private sources to be placed into the account. The office also~~  
13 ~~may contract with an exempt foundation for the receipt of matching~~  
14 ~~funds to be transferred to the account for use by this program.~~

15    ~~(e) The amount of loan repayment provided annually shall not~~  
16 ~~exceed the funding made available pursuant to the increase in~~  
17 ~~licensing fees described in subdivision (b) and pursuant to private~~  
18 ~~donations, if any.~~

19    ~~128305.5. The terms of loan repayment granted under this~~  
20 ~~article shall be as follows:~~

21    ~~(a) After a program participant has completed one year of~~  
22 ~~providing services as a registered nurse in a geriatric setting, the~~  
23 ~~office shall provide up to seven thousand five hundred dollars~~  
24 ~~(\$7,500) for loan repayment.~~

25    ~~(b) After a program participant has completed two consecutive~~  
26 ~~years of providing services as a registered nurse in a geriatric~~  
27 ~~setting, the office shall provide up to an additional ten thousand~~  
28 ~~dollars (\$10,000) of loan repayment, for a total loan repayment of~~  
29 ~~up to seventeen thousand five hundred dollars (\$17,500).~~

30    ~~(c) After a program participant has completed three consecutive~~  
31 ~~years of providing services as a registered nurse in a geriatric~~  
32 ~~setting, the office shall provide up to a maximum of an additional~~  
33 ~~twelve thousand five hundred dollars (\$12,500) of loan repayment,~~  
34 ~~for a total loan repayment of up to thirty thousand dollars~~  
35 ~~(\$30,000).~~

36    ~~128305.6. (a) On and after January 1, 2010, applications from~~  
37 ~~registered nurses for program participation may be submitted.~~

38    ~~(b) The office may work in conjunction with the Health~~  
39 ~~Professions Education Foundation for the implementation and~~  
40 ~~administration of this program.~~



1 ~~(e) The office may promulgate emergency regulations to~~  
2 ~~implement the program. The initial adoption of emergency~~  
3 ~~regulations and one readoption of the initial regulations shall be~~  
4 ~~deemed to be an emergency and necessary for the immediate~~  
5 ~~preservation of the public peace, health and safety, and general~~  
6 ~~welfare. Subsequent regulations shall meet the requirements of~~  
7 ~~the Administrative Procedure Act (Chapter 3.5 (commencing with~~  
8 ~~Section 11340) of Part 1 of Division 3 of Title 2 of the Government~~  
9 ~~Code).~~

10 SEC. 7. ~~Article 6 (commencing with Section 128310) is added~~  
11 ~~to Chapter 4 of Part 3 of Division 107 of the Health and Safety~~  
12 ~~Code, to read:~~

13  
14 ~~Article 6. California Geriatric Social Workers and Marriage~~  
15 ~~and Family Therapists Loan Assistance Program of 2008~~  
16

17 ~~128310. There is hereby established in the Office of Statewide~~  
18 ~~Health Planning and Development, the California Geriatric Social~~  
19 ~~Workers and Marriage and Family Therapists Loan Assistance~~  
20 ~~Program of 2008.~~

21 ~~128310.1. It is the intent of this article that the office, in~~  
22 ~~consultation with the board, the medical community, including~~  
23 ~~representatives of ethnic minority groups, schools of social work,~~  
24 ~~marriage and family counseling programs of study, health~~  
25 ~~advocates, primary care clinics, public hospitals and health care~~  
26 ~~systems, statewide agencies administering state and federally~~  
27 ~~funded health programs targeting communities of older~~  
28 ~~Californians, and members of the public with health care issue-area~~  
29 ~~expertise, shall develop and implement the California Geriatric~~  
30 ~~Social Workers and Marriage and Family Therapists Loan~~  
31 ~~Assistance Program of 2008.~~

32 ~~128310.2. For purposes of this article, the following terms have~~  
33 ~~the following meanings:~~

34 ~~(a) "Account" means the Geriatric Social Workers and Marriage~~  
35 ~~and Family Therapists Account that is contained within the fund.~~

36 ~~(b) "Board" means the Board of Behavioral Sciences.~~

37 ~~(c) "Fund" means the Behavioral Sciences Fund.~~

38 ~~(d) "Geriatrics" means the practice of social work or marriage~~  
39 ~~and family therapy, with training in, and application to, older adults~~  
40 ~~who are 65 years of age or older or those with disabilities.~~

1 (e) “Office” means the Office of Statewide Health Planning and  
2 Development.

3 (f) “Program” means the California Geriatric Social Workers  
4 and Marriage and Family Therapists Loan Assistance Program of  
5 2008.

6 128310.3. (a) Program applicants shall be registered associate  
7 clinical social workers or registered marriage and family therapy  
8 interns receiving supervision or shall possess a current valid license  
9 to practice social work or marriage and family therapy in this state  
10 issued by the board pursuant to Section 4980.30 or 4996.1 of the  
11 Business and Professions Code.

12 (b) The office shall develop the guidelines for selection and  
13 placement of applicants. The guidelines shall do all of the  
14 following:

15 (1) Provide priority consideration to applicants who are trained  
16 in, and practice, geriatric social work or marriage and family  
17 therapy, and who can meet the cultural and linguistic needs and  
18 demands of diverse populations of older Californians.

19 (2) Provide priority consideration to applicants who have  
20 recently obtained their license to practice marriage and family  
21 therapy or clinical social work or are a registered associate clinical  
22 social worker or registered marriage and family therapy intern  
23 receiving supervision.

24 (3) Give preference to applicants who have completed an  
25 internship in geriatric social work or marriage and family therapy.

26 (4) Seek to place the most qualified applicants under this section  
27 in the areas with the greatest need.

28 (5) Include a factor ensuring geographic distribution of  
29 placements.

30 (6) Ensure that applicants may not discriminate against those  
31 who cannot pay for medical services or those who are funded, in  
32 part or in whole, by Medicare or Medi-Cal.

33 (c) Program participants shall be working in, or have a signed  
34 agreement with, an eligible practice setting. The program  
35 participant shall have full-time status, as defined by the office. The  
36 office may establish exemptions to this requirement on a  
37 case-by-case basis.

38 (d) Program participants shall commit to a minimum of three  
39 years of service in a geriatric care setting. Leaves of absence shall  
40 be permitted for serious illnesses, pregnancy, or other natural

1 causes. The office shall develop the process for determining the  
2 maximum permissible length of an absence and the process for  
3 reinstatement. Loan repayment shall be deferred until the  
4 participant is back to full-time status.

5 (e) The office shall develop the process to reconcile the loan  
6 should a participant be unable to complete his or her three-year  
7 obligation.

8 (f) The office shall develop a process for outreach to potentially  
9 eligible applicants.

10 (g) The office may adopt any other standards of eligibility,  
11 placement, or termination appropriate to achieve the aim of  
12 providing competent social services in geriatrics.

13 128310.4. (a) The Geriatric Social Workers and Marriage and  
14 Family Therapists Account is hereby created in the fund.

15 (b) Funding for the account shall be from fees paid at the time  
16 of initial licensure or renewal pursuant to Sections 4984.76 and  
17 4996.66 of the Business and Professions Code.

18 (c) Funds placed into the account shall be used by the office to  
19 repay the loans of program participants pursuant to agreements  
20 made under the program.

21 (1) Funds paid out for loan repayment may have a funding match  
22 from foundation or other private sources.

23 (2) Loan repayments shall not exceed thirty thousand dollars  
24 (\$30,000) per program participant.

25 (3) Loan repayments shall not exceed the amount of the  
26 educational loans incurred by the program participant.

27 (d) Notwithstanding Section 11005 of the Government Code,  
28 the office may seek and receive matching funds from foundations  
29 and private sources to be placed into the account. The office also  
30 may contract with an exempt foundation for the receipt of matching  
31 funds to be transferred to the account for use by this program.

32 (e) The amount of loan repayment provided annually shall not  
33 exceed the funding made available pursuant to the increase in  
34 licensing fees described in subdivision (b) and pursuant to private  
35 donations, if any.

36 128310.5. The terms of loan repayment granted under this  
37 article shall be as follows:

38 (a) After a program participant has completed one year of  
39 providing services as a licensed marriage and family therapist or  
40 a registered marriage and family therapy intern, or a licensed or

1 ~~associate clinical social worker in a geriatric setting, the office~~  
2 ~~shall provide up to seven thousand five hundred dollars (\$7,500)~~  
3 ~~for loan repayment.~~

4 ~~(b) After a program participant has completed two consecutive~~  
5 ~~years of providing services as a licensed marriage and family~~  
6 ~~therapist or a registered marriage and family therapy intern, or a~~  
7 ~~licensed or associate clinical social worker in a geriatric setting,~~  
8 ~~the office shall provide up to an additional ten thousand dollars~~  
9 ~~(\$10,000) of loan repayment, for a total loan repayment of up to~~  
10 ~~seventeen thousand five hundred dollars (\$17,500).~~

11 ~~(c) After a program participant has completed three consecutive~~  
12 ~~years of providing services as a licensed marriage and family~~  
13 ~~therapist or a registered marriage and family therapy intern, or a~~  
14 ~~licensed or associate clinical social worker in a geriatric setting,~~  
15 ~~the office shall provide up to a maximum of an additional twelve~~  
16 ~~thousand five hundred dollars (\$12,500) of loan repayment, for a~~  
17 ~~total loan repayment of up to thirty thousand dollars (\$30,000).~~

18 ~~128310.6. (a) On and after January 1, 2010, applications from~~  
19 ~~marriage and family therapists, registered marriage and family~~  
20 ~~therapy interns, registered associate social workers, and licensed~~  
21 ~~social workers for program participation may be submitted.~~

22 ~~(b) The office may work in conjunction with the Health~~  
23 ~~Professions Education Fund in the implementation and~~  
24 ~~administration of this program.~~

25 ~~(c) The office may promulgate emergency regulations to~~  
26 ~~implement the program. The initial adoption of emergency~~  
27 ~~regulations and one readoption of the initial regulations shall be~~  
28 ~~deemed to be an emergency and necessary for the immediate~~  
29 ~~preservation of the public peace, health and safety, and general~~  
30 ~~welfare. Subsequent regulations shall meet the requirements of~~  
31 ~~the Administrative Procedure Act (Chapter 3.5 (commencing with~~  
32 ~~Section 11340) of Part 1 of Division 3 of Title 2 of the Government~~  
33 ~~Code).~~

34 *SEC. 5. Section 128454 of the Health and Safety Code is*  
35 *amended to read:*

36 128454. (a) There is hereby created the Licensed Mental Health  
37 Service Provider Education Program within the Health Professions  
38 Education Foundation.

39 (b) For purposes of this article, the following definitions shall  
40 apply:

1     (1) *“Geriatric service provider” means a registered associate*  
2 *clinical social worker or registered marriage and family therapy*  
3 *intern receiving supervision or a clinical social worker or marriage*  
4 *and family therapist who possesses a current valid license issued*  
5 *by the Board of Behavioral Sciences and provides geriatric*  
6 *services.*

7     (2) *“Geriatric services” means the practice of social work or*  
8 *marriage and family therapy with training in, and application to,*  
9 *adults who are 65 years of age or older or those with disabilities.*

10     ~~(1)~~

11     (3) *“Licensed mental health service provider” means a*  
12 *psychologist licensed by the Board of Psychology, registered*  
13 *psychologist, postdoctoral psychological assistant, postdoctoral*  
14 *psychology trainee employed in an exempt setting pursuant to*  
15 *Section 2910 of the Business and Professions Code, or employed*  
16 *pursuant to a State Department of Mental Health waiver pursuant*  
17 *to Section 5751.2 of the Welfare and Institutions Code, marriage*  
18 *and family therapist, marriage and family therapist intern, licensed*  
19 *clinical social worker, and associate clinical social worker.*

20     ~~(2)~~

21     (4) *“Mental health professional shortage area” means an area*  
22 *designated as such by the Health Resources and Services*  
23 *Administration (HRSA) of the United States Department of Health*  
24 *and Human Services.*

25     (c) Commencing January 1, 2005, any licensed mental health  
26 service provider, including a mental health service provider who  
27 is employed at a publicly funded mental health facility or a public  
28 or nonprofit private mental health facility that contracts with a  
29 county mental health entity or facility to provide mental health  
30 services, who provides direct patient care in a publicly funded  
31 facility or a mental health professional shortage area may apply  
32 for grants under the program to reimburse his or her educational  
33 loans related to a career as a licensed mental health service  
34 provider.

35     (d) *On and after January 1, 2010, any geriatric service provider*  
36 *may apply for grants under the program to reimburse his or her*  
37 *educational loans related to a career as a licensed marriage and*  
38 *family therapist or intern or licensed clinical social worker.*

39     (e) *The Health Professions Education Foundation shall make*  
40 *recommendations to the director of the office concerning the*

1 guidelines for the selection of applicants who meet the  
2 requirements of subdivision (d). The guidelines shall do all of the  
3 following:

4 (1) Provide priority consideration to applicants who are trained  
5 in, and practice, geriatric social work or marriage and family  
6 therapy and who can meet the cultural and linguistic needs and  
7 demands of diverse populations of older Californians.

8 (2) Provide priority consideration to applicants who have  
9 recently obtained a license to practice marriage and family therapy  
10 or clinical social work or are registered as an associate clinical  
11 social worker or registered marriage and family therapy intern  
12 receiving supervision.

13 (3) Give preference to applicants who have completed an  
14 internship in geriatric social work or marriage and family therapy.

15 (4) Seek to place the most qualified applicants under subdivision  
16 (d) in the areas with the greatest need.

17 (5) Include a factor ensuring geographic distribution of  
18 placements.

19 ~~(d)~~

20 (f) The Health Professions Education Foundation shall make  
21 recommendations to the director of the office concerning all of the  
22 following:

23 (1) A standard contractual agreement to be signed by the director  
24 and any licensed mental health service provider *or geriatric service*  
25 *provider* who is serving in a publicly funded facility or a mental  
26 health professional shortage area that would require the licensed  
27 mental health service provider *or geriatric service provider* who  
28 receives a grant under the program to work in the publicly funded  
29 facility or a mental health professional shortage area for at least  
30 one year.

31 (2) The maximum allowable total grant amount per individual  
32 licensed mental health service provider *or geriatric service*  
33 *provider*.

34 (3) The maximum allowable annual grant amount per individual  
35 licensed mental health service provider *or geriatric service*  
36 *provider*.

37 ~~(e)~~

38 (g) The Health Professions Education Foundation shall develop  
39 the program, which shall comply with all of the following  
40 requirements:

(1) The total amount of grants under the program per individual licensed mental health service provider *or geriatric service provider* shall not exceed the amount of educational loans related to a career as a licensed mental health service provider *or geriatric service provider* incurred by that provider.

(2) The program shall keep the fees from the different licensed providers separate to ensure that all grants are funded by those fees collected from the corresponding licensed provider groups.

(3) A loan forgiveness grant may be provided in installments proportionate to the amount of the service obligation that has been completed.

(4) The number of persons who may be considered for the program shall be limited by the funds made available pursuant to Section 128458.

*SEC. 6. Section 128459 is added to the Health and Safety Code, to read:*

*128459. There is hereby established in the Mental Health Practitioner Education Fund the Geriatric Social Workers and Marriage and Family Therapists Account. Notwithstanding Section 13340 of the Government Code, the moneys in the account shall be continuously appropriated for expenditure by the Office of Statewide Health Planning and Development for purposes of this article and pursuant to requirements described in paragraph (2) of subdivision (g) of Section 128454.*

~~SEC. 8.~~

*SEC. 7. Section 128552 of the Health and Safety Code is amended to read:*

128552. For purposes of this article, the following definitions shall apply:

(a) "Account" means the Medically Underserved Account for Physicians established within the Health Professions Education Fund pursuant to this article.

(b) "Foundation" means the Health Professions Education Foundation.

(c) "Fund" means the Health Professions Education Fund.

(d) "Medi-Cal threshold languages" means primary languages spoken by limited-English-proficient (LEP) population groups meeting a numeric threshold of 3,000, eligible LEP Medi-Cal beneficiaries residing in a county, 1,000 Medi-Cal eligible LEP

1 beneficiaries residing in a single ZIP Code, or 1,500 LEP Medi-Cal  
2 beneficiaries residing in two contiguous ZIP Codes.

3 (e) “Medically underserved area” means an area defined as a  
4 health professional shortage area in Part 5 of Subchapter A of  
5 Chapter 1 of Title 42 of the Code of Federal Regulations or an  
6 area of the state where unmet priority needs for physicians exist  
7 as determined by the California Healthcare Workforce Policy  
8 Commission pursuant to Section 128225.

9 (f) “Medically underserved population” means the Medi-Cal  
10 program, Healthy Families Program, and uninsured populations.

11 (g) “Office” means the Office of Statewide Health Planning and  
12 Development (OSHPD).

13 (h) “Physician Volunteer Program” means the Physician  
14 Volunteer Registry Program established by the Medical Board of  
15 California.

16 (i) “Practice setting” means either of the following:

17 (1) A community clinic as defined in subdivision (a) of Section  
18 1204 and subdivision (c) of Section 1206, a clinic owned or  
19 operated by a public hospital and health system, or a clinic owned  
20 and operated by a hospital that maintains the primary contract with  
21 a county government to fulfill the county’s role pursuant to Section  
22 17000 of the Welfare and Institutions Code, which is located in a  
23 medically underserved area and at least 50 percent of whose  
24 patients are from a medically underserved population.

25 (2) A medical practice located in a medically underserved area  
26 and at least 50 percent of whose patients are from a medically  
27 underserved population.

28 (j) “Primary specialty” means family practice, internal medicine,  
29 pediatrics, geriatrics, or obstetrics/gynecology.

30 (k) “Program” means the Steven M. Thompson Physician Corps  
31 Loan Repayment Program.

32 (l) “Selection committee” means a minimum three-member  
33 committee of the board, that includes a member that was appointed  
34 by the Medical Board of California.

35 ~~SEC. 9.~~

36 *SEC. 8.* Section 128553 of the Health and Safety Code is  
37 amended to read:

38 128553. (a) Program applicants shall possess a current valid  
39 license to practice medicine in this state issued pursuant to Section  
40 2050 of the Business and Professions Code.



1 (b) The foundation, in consultation with those identified in  
2 subdivision (b) of Section 123551, shall use guidelines developed  
3 by the Medical Board of California for selection and placement  
4 of applicants until the office adopts other guidelines by regulation.

5 (c) The guidelines shall meet all of the following criteria:

6 (1) Provide priority consideration to applicants that are best  
7 suited to meet the cultural and linguistic needs and demands of  
8 patients from medically underserved populations and who meet  
9 one or more of the following criteria:

10 (A) Speak a Medi-Cal threshold language.

11 (B) Come from an economically disadvantaged background.

12 (C) Have received significant training in cultural and  
13 linguistically appropriate service delivery.

14 (D) Have three years of experience working in medically  
15 underserved areas or with medically underserved populations.

16 (E) Have recently obtained a license to practice medicine.

17 (2) Include a process for determining the needs for physician  
18 services identified by the practice setting and for ensuring that the  
19 practice setting meets the definition specified in subdivision (h)  
20 of Section 128552.

21 (3) Give preference to applicants who have completed a  
22 three-year residency in a primary specialty.

23 (4) Seek to place the most qualified applicants under this section  
24 in the areas with the greatest need.

25 (5) Include a factor ensuring geographic distribution of  
26 placements.

27 (6) *Provide priority consideration to applicants who agree to*  
28 *practice in a geriatric care setting and are trained in geriatrics,*  
29 *and who can meet the cultural and linguistic needs and demands*  
30 *of a diverse population of older Californians.*

31 (d) (1) The foundation may appoint a selection committee that  
32 provides policy direction and guidance over the program and that  
33 complies with the requirements of subdivision (l) of Section  
34 128552.

35 (2) The selection committee may fill up to 20 percent of the  
36 available positions with program applicants from specialties outside  
37 of the primary care specialties.

38 ~~(3) The selection committee shall fill 15 percent of the available~~  
39 ~~positions with program applicants that agree to practice in a~~  
40 ~~geriatric care setting. Priority consideration shall be given to~~

1 ~~applicants who are trained in, and practice, geriatrics, and who can~~  
2 ~~meet the cultural and linguistic needs and demands of diverse~~  
3 ~~populations of older Californians.~~

4 (e) Program participants shall meet all of the following  
5 requirements:

6 (1) Shall be working in or have a signed agreement with an  
7 eligible practice setting.

8 (2) Shall have full-time status at the practice setting. Full-time  
9 status shall be defined by the board and the selection committee  
10 may establish exemptions from this requirement on a case-by-case  
11 basis.

12 (3) Shall commit to a minimum of three years of service in a  
13 medically underserved area. Leaves of absence shall be permitted  
14 for serious illness, pregnancy, or other natural causes. The selection  
15 committee shall develop the process for determining the maximum  
16 permissible length of an absence and the process for reinstatement.  
17 Loan repayment shall be deferred until the physician is back to  
18 full-time status.

19 (f) The office shall adopt a process to reconcile the loan should  
20 a physician be unable to complete his or her three-year obligation.

21 (g) The foundation, in consultation with those identified in  
22 subdivision (b) of Section 128551, shall develop a process for  
23 outreach to potentially eligible applicants.

24 (h) The foundation may recommend to the office any other  
25 standards of eligibility, placement, and termination appropriate to  
26 achieve the aim of providing competent health care services in  
27 approved practice settings.

28 ~~SEC. 10. Chapter 6 (commencing with Section 128559) is~~  
29 ~~added to Part 3 of Division 107 of the Health and Safety Code, to~~  
30 ~~read:~~

31  
32 ~~CHAPTER 6. CALIFORNIA GERIATRIC AND GERONTOLOGY~~  
33 ~~STUDENT LOAN ASSISTANCE PROGRAM OF 2008~~  
34

35 ~~128559. This chapter shall be known and may be cited as the~~  
36 ~~California Geriatric and Gerontology Student Loan Assistance~~  
37 ~~Program of 2008.~~

38 ~~128559.1. It is the intent of this chapter that the Office of~~  
39 ~~Statewide Health Planning and Development, in consultation with~~  
40 ~~the Medical Board of California, state allied health professional~~

1 and behavioral sciences licensing boards, postsecondary schools  
2 of health sciences and social work, health advocates representing  
3 diverse ethnic communities, primary care clinics, public hospitals  
4 and health care systems, statewide agencies administering state  
5 and federally funded programs targeting treatment and services  
6 for older adults, and members of the public with health care  
7 issue-area expertise, shall develop and implement the program.

8 ~~128559.2. (a) There is hereby established in the Office of~~  
9 ~~Statewide Health Planning and Development, the California~~  
10 ~~Geriatric and Gerontology Student Loan Assistance Program of~~  
11 ~~2008.~~

12 ~~(b) The Office of Statewide Health Planning and Development~~  
13 ~~shall operate the program in accordance with, but not limited to,~~  
14 ~~the following:~~

15 ~~(1) Increased efforts in educating students trained in geriatrics~~  
16 ~~and gerontology of the need for health care and social work~~  
17 ~~professionals to meet the demands of the exponential increase in~~  
18 ~~the older adult population, and of programs that are available that~~  
19 ~~provide incentives, financial and otherwise, to practice in settings~~  
20 ~~and areas in need.~~

21 ~~(2) Strategic collaboration with California postsecondary schools~~  
22 ~~of health sciences and social work, and marriage and family therapy~~  
23 ~~programs of study, to better prepare health care professionals and~~  
24 ~~social workers to meet the distinctive cultural and medical needs~~  
25 ~~of California's older adult populations.~~

26 ~~(3) Establish, encourage, and expand programs for students of~~  
27 ~~the health care and mental health professions for mentoring at~~  
28 ~~primary and secondary schools, and college levels to increase the~~  
29 ~~number of students entering the studies of health professions and~~  
30 ~~social work with a concentration in geriatrics or gerontology.~~

31 ~~(4) Administer financial or other incentives to encourage new~~  
32 ~~or experienced health care professionals and social workers to~~  
33 ~~practice in the fields of geriatrics and gerontology.~~

34 ~~128559.3. For purposes of this chapter:~~

35 ~~(a) "Office" means the Office of Statewide Health Planning and~~  
36 ~~Development.~~

37 ~~(b) "Program" means the California Geriatric and Gerontology~~  
38 ~~Student Loan Assistance Program of 2008.~~

39 ~~128559.4. (a) The office shall administer the program. Any~~  
40 ~~individual enrolled in an institution of postsecondary education~~

1 participating in the programs set forth in this chapter may be  
2 eligible to receive a conditional warrant for loan repayment, to be  
3 redeemed upon becoming employed as a licensed health  
4 professional, marriage and family therapist or registered marriage  
5 and family therapy intern, or social worker or registered associate  
6 social worker in a setting serving primarily older adult populations.  
7 In order to be eligible to receive a conditional loan repayment  
8 warrant, an applicant shall satisfy all of the following conditions:

9 (1) The applicant has been judged by his or her postsecondary  
10 institution to have outstanding ability on the basis of criteria that  
11 may include, but not be limited to, any of the following:

12 (A) Grade point average.

13 (B) Test scores.

14 (C) Faculty evaluations.

15 (D) Interviews.

16 (E) Other recommendations.

17 (2) In order to meet the costs associated with obtaining a health  
18 professional or social work degree, the applicant has received, or  
19 is approved to receive, a loan under one or more of the following  
20 designated loan programs:

21 (A) The Federal Family Education Loan Program (10 U.S.C.  
22 Sec. 1071 et seq.).

23 (B) Any loan program approved by the Student Aid  
24 Commission.

25 (3) The applicant has agreed to provide services as a licensed  
26 health professional, marriage and family therapist, or social worker,  
27 or to be registered as an associate clinical social worker with  
28 satisfactory progress toward licensure, for up to three consecutive  
29 years, after obtaining a license or associate registration from the  
30 applicable state health professional or behavioral sciences licensing  
31 board, in a setting providing health or social services primarily to  
32 older adults.

33 (4) The applicant has agreed that he or she shall not discriminate  
34 against any patient or client who cannot pay for services or those  
35 who are funded, in part or in whole, by Medicare or Medi-Cal.

36 (b) The office shall ensure that priority consideration be given  
37 to applicants who are best suited to meet the cultural and linguistic  
38 needs and demands of geriatric populations and who meet one or  
39 more of the following criteria:

1 ~~(1) Have received significant training in cultural and~~  
2 ~~linguistically appropriate service delivery.~~

3 ~~(2) Have done a clinical rotation or social work internship, of~~  
4 ~~at least two semesters, serving older adult populations.~~

5 ~~(c) A person participating in the program pursuant to this chapter~~  
6 ~~shall not receive more than one warrant.~~

7 ~~(d) The office shall adopt rules and regulations regarding the~~  
8 ~~reallocation of warrants if a participating institution is unable to~~  
9 ~~utilize its allocated warrants or is unable to distribute them within~~  
10 ~~a reasonable time period.~~

11 ~~128559.5. (a) The office shall develop the process to redeem~~  
12 ~~an applicant's warrant and commence loan repayment.~~

13 ~~(b) The office shall distribute student applications to participate~~  
14 ~~in the program to postsecondary institutions eligible to participate~~  
15 ~~in the state and federal financial aid programs and that have a~~  
16 ~~program of professional preparation for health care professionals,~~  
17 ~~social workers, or marriage and family therapists.~~

18 ~~(c) Each participating institution shall sign an institutional~~  
19 ~~agreement with the office, certifying its intent to administer the~~  
20 ~~program according to all applicable published rules, regulations,~~  
21 ~~and guidelines, and shall make special efforts to notify students~~  
22 ~~regarding the availability of the program particularly to~~  
23 ~~economically disadvantaged students.~~

24 ~~(d) To the extent feasible, the office and each participating~~  
25 ~~institution shall coordinate this program with other existing~~  
26 ~~programs designed to recruit or encourage students to enter the~~  
27 ~~health care, social work, or marriage and family therapy profession.~~  
28 ~~These programs shall include, but not be limited to, the following:~~

29 ~~(1) The Song-Brown Family Physician Training Act (Article 1~~  
30 ~~(commencing with Section 128200) of Chapter 4).~~

31 ~~(2) The Health Education and Academic Loan Act (Article 2~~  
32 ~~(commencing with Section 128250) of Chapter 4).~~

33 ~~(3) The National Health Service Corps.~~

34 ~~128559.6. (a) The office shall administer the program and~~  
35 ~~shall adopt rules and regulations for that purpose. The rules and~~  
36 ~~regulations shall include, but not be limited to, provisions regarding~~  
37 ~~the period of time for which a warrant shall remain valid, the~~  
38 ~~reallocation of warrants that are not utilized, and the development~~  
39 ~~of projections for funding purposes.~~

~~(b) The office shall work in conjunction with lenders participating in federal or similar loan programs to develop a streamlined application process for participation in the program.~~

~~128559.7. (a) The office shall establish a fund to utilize for the purposes of this chapter.~~

~~(b) The office may seek matching funds from foundations and private sources. The office may also contract with an exempt foundation for the receipt of matching funds to be transferred to the fund for use by this program.~~

~~(c) The provisions of this chapter shall not become operative unless appropriate funding, as determined by the office, is made available.~~

~~128559.8. (a) On or before January 31 of each year, the office shall provide an annual report to the appropriate policy and fiscal committees of the Legislature regarding the program that includes all of the following:~~

~~(1) The number of program participants by profession.~~

~~(2) Practice locations.~~

~~(3) The amount expended for the program.~~

~~(4) Information on annual performance reviews by the practice setting and program participants.~~

~~(5) An evaluation of the program's effectiveness in improving access to health and social services for older adults.~~

~~(6) Recommendations for maintaining or expanding the program.~~

~~(b) This section shall become operative on January 1, 2010.~~

~~SEC. 11. Sections 8 and 9 of this act shall become operative only if Assembly Bill 2439 of the 2007-08 Regular Session is enacted and becomes effective on or before January 1, 2009.~~

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 2637  
**Author:** Eng  
**Bill Date:** June 17, 2008, amended  
**Subject:** Dental Auxiliaries  
**Sponsor:** Author

**STATUS OF BILL:**

This bill is currently in the Senate Appropriations Committee and is scheduled for hearing on August 4, 2008.

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill would allow the Dental Board to issue a dental sedation assistant permit to dental assistants authorizing them to monitor patient sedation and evaluate the condition of patients during procedures and treatment. Dental assistants would be performing these duties under the direct supervision of a supervising licensed dentist.

**ANALYSIS:**

This bill would allow the Dental Board to issue a dental sedation assistant permit to a person who has completed at least 12 months of work experience as a dental assistant and satisfies all other requirements including attending Board approved courses, Basic Life Support, and a written examination. A dental sedation assistant permit would allow (page 11, line 20 of bill) the holder to monitor patients undergoing conscious sedation or general anesthesia utilizing data from noninvasive instrumentation such as pulse oximeters and electrocardiograms, capnography, blood pressure, pulse, and respiration rate monitoring devices. Evaluation of the condition of a sedated patient shall remain the responsibility of the dentist or other licensed health care professional authorized to administer conscious sedation or general anesthesia, who shall be at the patient's chairside while conscious sedation or general anesthesia is being administered.

Dental assistants holding a dental sedation assistant permit would also be allowed to add drugs, medications, and fluids to intravenous lines using a syringe, provided that a supervising licensed dentist is present.

**FISCAL:** None

**POSITION:** Recommendation: Neutral

July 16, 2008

AMENDED IN SENATE JUNE 17, 2008

AMENDED IN ASSEMBLY MAY 1, 2008

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

**ASSEMBLY BILL**

**No. 2637**

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**Introduced by Assembly Member Eng**

February 22, 2008

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An act to amend Sections 1725, 1750, 1750.1, ~~and 1752.1~~ 1752.1, 1765, 1771, and 1777 of, to amend and renumber Sections 1753.1, 1754, and 1770 of, to amend, renumber ~~and add~~, *add*, and *repeal* Sections 1756 and 1757 of, to add Sections 1750.5, 1752.3, 1752.4, ~~1753.4, and 1753.4~~, *to add and repeal Sections* 1754.5, 1755, 1756.1, 1756.2, ~~1757.1, and 1758~~ *to and 1758 of*, to repeal Sections 1751, 1751.1, 1752, 1752.2, 1752.5, and 1753.5 of, and to repeal and add Sections 1750.2, 1750.3, 1750.4, 1752.6, and 1753 of, the Business and Professions Code, relating to dentistry.

LEGISLATIVE COUNSEL'S DIGEST

AB 2637, as amended, Eng. Dental auxiliaries.

Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists by the Dental Board of California and dental auxiliaries by the Committee on Dental Auxiliaries. Existing law, on and after, January 1, 2010, authorizes an unlicensed dental assistant to perform basic supportive dental procedures, as defined, subject to a determination by the supervising licensed dentist that the dental assistant is competent to perform those procedures. Existing law, until January 1, 2011, requires the board to license as a registered dental assistant a person who files an application prior to September 1, 2009, and submits specified written evidence of either graduation from a specified



educational program or specified work experience that is satisfactory to the board. Existing law, on and after January 1, 2010, requires the board to license as a registered dental assistant in extended functions a person who submits specified evidence of current licensure as a registered dental assistant or completion of the requirements for licensure, successful completion of a specified extended functions postsecondary program, and board-approved courses in radiation safety, infection control, California dental law, and basic life support, and satisfactory performance on a specified written examination and a clinical or practical examination. Existing law, on and after January 1, 2010, also requires the board to license a person who meets specified requirements as a registered orthodontic assistant, registered surgery assistant, registered restorative assistant, or registered restorative assistant in extended functions.

This bill would repeal those provisions governing registered orthodontic assistants, registered surgery assistants, registered restorative assistants, and registered restorative assistants in extended functions.

The bill would, on and after January 1, 2010, specify the duties that a dental assistant is authorized to perform under the general ~~and~~ or direct supervision of a supervising licensed dentist.

The bill would revise and recast the registered dental assistant provisions and would ~~require~~ *authorize* the board to license a person as a registered dental assistant if he or she files an application and submits written evidence ~~that is~~, satisfactory to the board, of either (1) graduation from a board-approved educational program in registered dental assisting, or (2) for individuals applying prior to January 1, 2010, satisfactory work experience, as defined, of at least 12 months or, for individuals applying on and after January 1, 2010, satisfactory work experience of at least 15 months and satisfactory performance on a written and practical examination administered by the committee. The bill would also require that those individuals applying on or after January 1, 2010, to pass a written examination in law and ethics and complete board-approved courses in the act, infection control, and basic life support. The bill would, on and after January 1, 2010, impose specific content requirements for the written and practical examinations and would require the committee to appoint a registered dental assistant examination subcommittee to assign specific procedures for the practical examination. The bill would, commencing January 1, 2010, specify the duties a registered dental assistant is authorized to perform. The bill

would specify that the fee for the written examination in law and ethics shall not exceed the actual cost of the examination.

The bill would, on and after January 1, 2010, modify the requirements for a license as a registered dental assistant in extended functions to include, among other things, completion of a board-approved course in the application of pit and fissure sealants and passage of a written examination and a clinical or practical examination. The bill would specify the duties and procedures a registered dental assistant in extended functions, licensed on or after January 1, 2010, is authorized to perform, as well as those additional procedures that may be performed under the direct supervision of a licensed dentist. The bill would, commencing January 1, 2010, also require applicants for a registered dental assistant in extended functions license to complete a specified examination regarding certain procedures.

The bill would, commencing January 1, 2010, ~~require~~ *authorize* the board to issue an orthodontic assistant permit or a dental sedation assistant permit to a person who files a completed application, including a fee, and provides proof of certain eligibility requirements. The bill would authorize a dental assistant, a registered dental assistant, or a registered dental assistant in extended functions to apply for and maintain an orthodontic assistant permit or a dental sedation assistant permit. The bill would also, commencing January 1, 2010, specify the duties that may be performed by an orthodontic assistant permitholder or a dental sedation assistant permitholder under the direct supervision of a licensed dentist. The bill would subject these permitholders to board established continuing education and renewal requirements. The bill would specify that the fee for these permits shall not exceed \$50 and that the fee for the written examination for these permits shall not exceed the actual cost of the examination.

The bill would require a dental assisting program or course, a permit program or course, a registered dental assistant program, a registered dental assistant in extended function program, an orthodontic assistant permit course, a dental sedation assistant permit course, *and* an infection control course, ~~and an instructional methodology course~~ to meet various requirements, relating to, among other things, administration, facilities, supervision, curriculum, instruction, equipment, and examinations in order to secure and maintain approval by the board.

*Existing law provides that it is a misdemeanor for any person who does not have a license issued by the board to hold himself or herself out as licensed by the board in specified categories of dental practice.*

*This bill would revise these provisions to make it a misdemeanor for a person to, without a license or permit issued by the board, hold himself or herself out as, among other things, a registered dental assistant, orthodontic assistant permit holder, or dental sedation assistant permit holder. By expanding the scope of an existing crime, the bill would impose a state-mandated local program.*

*The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.*

*This bill would provide that no reimbursement is required by this act for a specified reason.*

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: ~~no~~-yes.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 1725 of the Business and Professions
- 2 Code is amended to read:
- 3 1725. The amount of the fees prescribed by this chapter that
- 4 relate to the licensing *and permitting* of dental auxiliaries shall be
- 5 established by board resolution and subject to the following
- 6 limitations:
- 7 (a) The application fee for an original license shall not exceed
- 8 twenty dollars (\$20). On and after January 1, 2010, the application
- 9 fee for an original license shall not exceed fifty dollars (\$50).
- 10 (b) The fee for examination for licensure as a registered dental
- 11 assistant shall not exceed fifty dollars (\$50) for the written
- 12 examination and shall not exceed sixty dollars (\$60) for the
- 13 practical examination.
- 14 (c) ~~On and after January 1, 2010, the~~ The fee for application
- 15 and for the issuance of an orthodontic assistant permit or a dental
- 16 sedation assistant permit shall not exceed fifty dollars (\$50).
- 17 (d) The fee for the written examination for an orthodontic
- 18 assistant permit or a dental sedation assistant permit shall not
- 19 exceed the actual cost of the examination.
- 20 (e) The fee for the written examination in law and ethics for a
- 21 registered dental assistant shall not exceed the actual cost of the
- 22 examination.

1 (f) The fee for examination for licensure as a registered dental  
2 assistant in extended functions shall not exceed the actual cost of  
3 the examination.

4 (g) The fee for examination for licensure as a registered dental  
5 hygienist shall not exceed the actual cost of the examination.

6 (h) For third- and fourth-year dental students, the fee for  
7 examination for licensure as a registered dental hygienist shall not  
8 exceed the actual cost of the examination.

9 (i) The fee for examination for licensure as a registered dental  
10 hygienist in extended functions shall not exceed the actual cost of  
11 the examination.

12 (j) The board shall establish the fee at an amount not to exceed  
13 the actual cost for licensure as a registered dental hygienist in  
14 alternative practice.

15 (k) The biennial renewal fee for a dental auxiliary whose license  
16 expires on or after January 1, 1991, shall not exceed sixty dollars  
17 (\$60). On or after January 1, 1992, the board may set the renewal  
18 fee *for a dental auxiliary license or permit* in an amount not to  
19 exceed eighty dollars (\$80).

20 (l) The delinquency fee shall not exceed twenty-five dollars  
21 (\$25) or one-half of the renewal fee, whichever is greater. Any  
22 delinquent license *or permit* may be restored only upon payment  
23 of all fees, including the delinquency fee.

24 (m) The fee for issuance of a duplicate registration, license,  
25 permit, or certificate to replace one that is lost or destroyed, or in  
26 the event of a name change, shall not exceed twenty-five dollars  
27 (\$25).

28 (n) The fee for each curriculum review and site evaluation for  
29 educational programs for registered dental assistants that are not  
30 accredited by a board-approved agency, or the Chancellor's office  
31 of the California Community Colleges shall not exceed one  
32 thousand four hundred dollars (\$1,400).

33 (o) The fee for review of each approval application for a course  
34 that is not accredited by a board-approved agency, or the  
35 Chancellor's office of the California Community Colleges shall  
36 not exceed three hundred dollars (\$300).

37 (p) No fees or charges other than those listed in subdivisions  
38 (a) to ~~(n)~~ (o), inclusive, above shall be levied by the board in  
39 connection with the licensure *or permitting* of dental auxiliaries,  
40 registered dental ~~assistants~~ *assistant* educational program site

1 evaluations and ~~radiation safety~~ course evaluations pursuant to  
2 this chapter.

3 (q) Fees fixed by the board pursuant to this section shall not be  
4 subject to the approval of the Office of Administrative Law.

5 (r) Fees collected pursuant to this section shall be deposited in  
6 the State Dental Auxiliary Fund.

7 SEC. 2. Section 1750 of the Business and Professions Code,  
8 as amended by Section 6 of Chapter 588 of the Statutes of 2007,  
9 is amended to read:

10 1750. (a) A dental assistant is a person who may perform basic  
11 supportive dental procedures as authorized by this article under  
12 the supervision of a licensed dentist and who may perform basic  
13 supportive procedures as authorized pursuant to subdivision (b)  
14 of Section 1751 under the supervision of a registered dental  
15 hygienist in alternative practice.

16 (b) The supervising licensed dentist shall be responsible for  
17 determining the competency of the dental assistant to perform  
18 allowable functions.

19 (c) This section shall remain in effect only until January 1, 2010,  
20 and as of that date is repealed, unless a later enacted statute, that  
21 is enacted before January 1, 2010, deletes or extends that date.

22 SEC. 3. Section 1750 of the Business and Professions Code,  
23 as amended by Section 7 of Chapter 588 of the Statutes of 2007,  
24 is amended to read:

25 1750. (a) A dental assistant is an individual who, without a  
26 license, may perform basic supportive dental procedures, as  
27 authorized by Section 1750.1 and by regulations adopted by the  
28 board, under the supervision of a licensed dentist. "Basic supportive  
29 dental procedures" are those procedures that have technically  
30 elementary characteristics, are completely reversible, and are  
31 unlikely to precipitate potentially hazardous conditions for the  
32 patient being treated.

33 (b) The supervising licensed dentist shall be responsible for  
34 determining the competency of the dental assistant to perform the  
35 basic supportive dental procedures, as authorized by Section  
36 1750.1.

37 (c) ~~The supervising licensed dentist~~ *employer of a dental*  
38 *assistant* shall be responsible for ensuring that ~~each~~ *the* dental  
39 ~~assistant who is in his or her continuous employ for who has been~~  
40 *in continuous employment for 120 days or more, has already*

1 successfully completed, *or successfully completes*, all of the  
2 following within a year of the date of employment:

3 (1) A board-approved course in the Dental Practice Act.

4 (2) A board-approved ~~eight-hour~~ course in infection control ~~that~~  
5 ~~meets the requirements of Section 1756.~~

6 (3) A course in basic life support offered by an instructor  
7 approved by the American Red Cross or the American Heart  
8 Association.

9 (d) ~~The supervising licensed dentist shall ensure~~ *employer of a*  
10 *dental assistant shall be responsible for ensuring* that the dental  
11 assistant maintains certification in basic life support.

12 (e) This section shall become operative on January 1, 2010.

13 SEC. 4. Section 1750.1 of the Business and Professions Code  
14 is amended to read:

15 1750.1. (a) A dental assistant may perform the following duties  
16 under the general supervision of a supervising licensed dentist:

17 (1) Extra-oral duties or procedures specified by the supervising  
18 licensed dentist, provided that these duties or procedures meet the  
19 definition of a basic supportive procedure specified in Section  
20 1750.

21 (2) Operate dental radiography equipment for the purpose of  
22 oral radiography if the dental assistant has complied with the  
23 requirements of Section 1656.

24 (3) Perform intraoral and extraoral photography.

25 (b) A dental assistant may perform the following duties under  
26 the direct supervision of a supervising licensed dentist:

27 (1) Apply nonaerosol and noncaustic topical agents.

28 (2) Apply topical fluoride.

29 (3) Take intraoral impressions for all nonprosthodontic  
30 appliances.

31 (4) Take facebow transfers and bite registrations.

32 (5) Place and remove rubber dams or other isolation devices.

33 (6) Place, wedge, and remove matrices for restorative  
34 procedures.

35 (7) Remove post-extraction dressings after inspection of the  
36 surgical site by the supervising licensed dentist.

37 (8) Perform measurements for the purposes of orthodontic  
38 treatment.

39 (9) Cure restorative or orthodontic materials in operative site  
40 with a light-curing device.

- 1 (10) Examine orthodontic appliances.
- 2 (11) Place and remove orthodontic separators.
- 3 (12) Remove ligature ties and archwires.
- 4 (13) After adjustment by the dentist, examine and seat removable
- 5 orthodontic appliances and deliver care instructions to the patient.
- 6 (14) Remove periodontal dressings.
- 7 (15) Remove sutures after inspection of the site by the dentist.
- 8 (16) Place patient monitoring sensors.
- 9 (17) Monitor patient sedation, limited to reading and transmitting
- 10 information from the monitor display during the intraoperative
- 11 phase of surgery for electrocardiogram waveform, carbon dioxide
- 12 and end tidal carbon dioxide concentrations, respiratory cycle data,
- 13 continuous noninvasive blood pressure data, or pulse arterial
- 14 oxygen saturation measurements, for the purpose of interpretation
- 15 and evaluation by a supervising licensed dentist who shall be at
- 16 the patient's chairside during this procedure.
- 17 (18) Assist in the administration of nitrous oxide when used for
- 18 analgesia or sedation. A dental assistant shall not start the
- 19 administration of the gases and shall not adjust the flow of the
- 20 gases unless instructed to do so by the supervising licensed dentist
- 21 who shall be present ~~during~~ at the patient's chairside during the
- 22 implementation of these instructions. This paragraph shall not be
- 23 construed to prevent any person from taking appropriate action in
- 24 the event of a medical emergency.
- 25 (c) Under the supervision of a registered dental hygienist in
- 26 alternative practice, a dental assistant may perform intraoral
- 27 retraction and suctioning.
- 28 (d) The board may specify additional allowable duties by
- 29 regulation.
- 30 (e) The duties of ~~an unlicensed~~ a dental assistant or a dental
- 31 assistant holding a permit in orthodontic assisting or in dental
- 32 sedation do not include any of the following procedures unless
- 33 specifically allowed by law:
- 34 (1) Diagnosis and comprehensive treatment planning.
- 35 (2) Placing, finishing, or removing permanent restorations.
- 36 (3) Surgery or cutting on hard and soft tissue including, but not
- 37 limited to, the removal of teeth and the cutting and suturing of soft
- 38 tissue.
- 39 (4) Prescribing medication.

(5) Starting or adjusting local or general anesthesia or oral or parenteral conscious sedation, except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other and except as otherwise provided by law.

(f) The duties of ~~an unlicensed dental assistant~~ *a dental assistant are defined in subdivision (a) of Section 1750 and* do not include any duty or procedure that *only* an orthodontic assistant permitholder, ~~a dental sedation assistant permitholder, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist, or a registered dental hygienist in alternative practice~~ is allowed to perform.

(g) This section shall become operative on January 1, 2010.

SEC. 5. Section 1750.2 of the Business and Professions Code is repealed.

SEC. 6. Section 1750.2 is added to the Business and Professions Code, to read:

1750.2. (a) On and after January 1, 2010, the board ~~shall~~ *may* issue an orthodontic assistant permit to a person who files a completed application including a fee and provides evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Completion of at least 12 months of work experience as a dental assistant.

(2) Successful completion of a board-approved course in the Dental Practice Act and a board-approved, ~~eight-hour~~ course in infection control ~~that meets the requirements of Section 1756.~~

(3) Successful completion of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association.

(4) Successful completion of a board-approved ~~course in all of the duties specified in Section 1750.3~~ *orthodontic assistant course*, which may commence after the completion of six months of work experience as a dental ~~assistant. The course shall be a minimum of 84 hours in length.~~ *assistant.*

(5) Passage of a written examination administered by the committee after completion of all of the other requirements of this subdivision. The written examination shall encompass the knowledge, skills, and abilities necessary to competently perform the duties specified in Section 1750.3.



(b) A person who holds an orthodontic assistant permit pursuant to this section shall be subject to ~~all the same~~ continuing education requirements *for registered dental assistants as* established by the board pursuant to Section 1645 and the renewal requirements of Article 6 (commencing with Section 1715).

SEC. 7. Section 1750.3 of the Business and Professions Code is repealed.

SEC. 8. Section 1750.3 is added to the Business and Professions Code, to read:

1750.3. A person holding an orthodontic assistant permit pursuant to Section 1750.2 may perform the following duties under the direct supervision of a supervising licensed dentist:

(a) All duties that ~~an unlicensed~~ a dental assistant is allowed to perform.

(b) Prepare teeth for bonding, and select, preposition, and cure orthodontic brackets after their position has been approved by the supervising licensed dentist.

(c) Remove only orthodontic brackets and attachments with removal of the bonding material by the supervising licensed dentist.

(d) Size, fit, and cement orthodontic bands.

(e) Remove orthodontic bands and remove excess cement from supragingival surfaces of teeth with a hand instrument.

(f) Place and ligate archwires.

(g) Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.

SEC. 9. Section 1750.4 of the Business and Professions Code is repealed.

SEC. 10. Section 1750.4 is added to the Business and Professions Code, to read:

1750.4. (a) On and after January 1, 2010, the board ~~shall~~ may issue a dental sedation assistant permit to a person who files a completed application including a fee and provides evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Completion of at least 12 months of work experience as a dental assistant.

(2) Successful completion of a board-approved course in the Dental Practice Act and a board-approved, ~~eight-hour~~ course in infection control ~~that meets the requirements of Section 1756.~~

1 (3) Successful completion of a course in basic life support  
2 offered by an instructor approved by the American Red Cross or  
3 the American Heart Association.

4 (4) Successful completion of a board-approved course in all of  
5 ~~the duties specified in Section 1750.5 dental sedation assistant~~  
6 ~~course~~, which may commence after the completion of six months  
7 of work experience as a dental assistant. ~~The course shall be a~~  
8 ~~minimum of 110 hours in length. assistant.~~

9 (5) Passage of a written examination administered by the  
10 committee after completion of all of the other requirements of this  
11 subdivision. The written examination shall encompass the  
12 knowledge, skills, and abilities necessary to competently perform  
13 the duties specified in Section 1750.5.

14 (b) A person who holds a permit pursuant to this section shall  
15 be subject to the continuing education requirements established  
16 by the board pursuant to Section 1645 and the renewal requirements  
17 of Article 6 (commencing with Section 1715).

18 SEC. 11. Section 1750.5 is added to the Business and  
19 Professions Code, to read:

20 1750.5. A person holding a dental sedation assistant permit  
21 pursuant to Section 1750.4 may perform the following duties under  
22 the direct supervision of a supervising licensed dentist:

23 (a) All duties that ~~an unlicensed~~ a dental assistant is allowed to  
24 perform.

25 ~~(b) Monitor patients during the preoperative, intraoperative, and~~  
26 ~~postoperative phases, using noninvasive instrumentation such as~~  
27 ~~pulse oximeters, electrocardiograms, and capnography, limited to~~  
28 ~~selection and validation of monitoring sensors, selecting menus~~  
29 ~~and default settings and analysis for electrocardiogram, pulse~~  
30 ~~oximeter and capnograph, continuous blood pressure, pulse, and~~  
31 ~~respiration rates; interpretation of data from noninvasive patient~~  
32 ~~monitors, including readings from continuous blood pressure and~~  
33 ~~information from the monitor display for electrocardiogram~~  
34 ~~waveform, carbon dioxide and end tidal carbon dioxide~~  
35 ~~concentration, respiratory cycle data, continuous noninvasive blood~~  
36 ~~pressure data, and pulse arterial oxygen saturation measurements;~~  
37 ~~for the purpose of evaluating the condition of the patient during~~  
38 ~~preoperative, intraoperative, and postoperative treatment.~~

39 (b) Monitor patients undergoing conscious sedation or general  
40 anesthesia utilizing data from noninvasive instrumentation such

1 *as pulse oximeters, electrocardiograms, capnography, blood*  
2 *pressure, pulse, and respiration rate monitoring devices.*  
3 *Evaluation the condition of a sedated patient shall remain the*  
4 *responsibility of the dentist or other licensed health care*  
5 *professional authorized to administer conscious sedation or*  
6 *general anesthesia, who shall be at the patient's chairside while*  
7 *conscious sedation or general anesthesia is being administered.*

8 (c) Drug identification and draw, limited to identification of  
9 appropriate medications, ampule and vial preparation, and  
10 withdrawing drugs of correct amount as verified by the supervising  
11 licensed dentist.

12 (d) Add drugs, medications, and fluids to intravenous lines using  
13 a syringe, provided that a supervising licensed dentist is present  
14 at the patient's chairside, limited to determining patency of  
15 intravenous line, selection of injection port, syringe insertion into  
16 injection port, occlusion of intravenous line and blood aspiration,  
17 line release and injection of drugs for appropriate time interval.

18 (e) Removal of intravenous lines.

19 SEC. 12. Section 1751 of the Business and Professions Code,  
20 as amended by Section 13 of Chapter 588 of the Statutes of 2007,  
21 is repealed.

22 SEC. 13. Section 1751.1 of the Business and Professions Code  
23 is repealed.

24 SEC. 14. Section 1752 of the Business and Professions Code,  
25 as amended by Section 14 of Chapter 588 of the Statutes of 2007,  
26 is repealed.

27 SEC. 15. Section 1752 of the Business and Professions Code,  
28 as amended by Section 15 of Chapter 588 of the Statutes of 2007,  
29 is repealed.

30 SEC. 16. Section 1752.1 of the Business and Professions Code  
31 is amended to read:

32 1752.1. (a) The board ~~shall~~ *may* license as a registered dental  
33 assistant a person who files an application and submits written  
34 evidence, satisfactory to the board, of one of the following  
35 eligibility requirements:

36 (1) Graduation from an educational program in registered dental  
37 assisting approved by the board, and satisfactory performance on  
38 a written and practical examination administered by the committee.

39 (2) For individuals applying prior to January 1, 2010, evidence  
40 of completion of satisfactory work experience of at least 12 months

1 as a dental assistant in California or another state and satisfactory  
2 performance on a written and practical examination administered  
3 by the committee.

4 (3) For individuals applying on or after January 1, 2010,  
5 evidence of completion of satisfactory work experience of at least  
6 15 months as a dental assistant in California or another state and  
7 satisfactory performance on a written and practical examination  
8 administered by the committee.

9 (b) For purposes of this section, “satisfactory work experience”  
10 means performance of the duties specified in Section 1750.1 in a  
11 competent manner as determined by the employing dentist, who  
12 shall certify to such satisfactory work experience in the application.

13 (c) The board shall give credit toward the work experience  
14 referred to in this section to persons who have graduated from a  
15 dental assisting program in a postsecondary institution approved  
16 by the Department of Education or in a secondary institution,  
17 regional occupational center, or regional occupational program,  
18 that are not, however, approved by the board pursuant to  
19 subdivision (a). The credit shall equal the total weeks spent in  
20 classroom training and internship on a week-for-week basis. The  
21 board, in cooperation with the Superintendent of Public Instruction,  
22 shall establish the minimum criteria for the curriculum of  
23 nonboard-approved programs. Additionally, the board shall notify  
24 those programs only if the program’s curriculum does not meet  
25 established minimum criteria, as established for board-approved  
26 registered dental assistant programs, except any requirement that  
27 the program be given in a postsecondary institution. Graduates of  
28 programs not meeting established minimum criteria shall not  
29 qualify for satisfactory work experience as defined by this section.

30 (d) In addition to the requirements specified in subdivision (a),  
31 each applicant for registered dental assistant licensure on or after  
32 July 1, 2002, shall provide evidence of having successfully  
33 completed board-approved courses in radiation safety and coronal  
34 polishing as a condition of licensure. The length and content of  
35 the courses shall be governed by applicable board regulations.

36 (e) In addition to the ~~requirement~~ *requirements* specified in  
37 subdivisions (a) and (d), individuals applying for registered dental  
38 assistant licensure on or after January 1, 2010, shall demonstrate  
39 satisfactory performance on a written examination in law and ethics  
40 administered by the committee and shall provide written evidence

1 of successful completion within five years prior to application of  
2 all of the following:

3 (1) A board-approved course in the Dental Practice Act.

4 (2) A board-approved ~~eight-hour~~ course in infection control ~~that~~  
5 ~~meets the requirements of Section 1756.~~

6 (3) A course in basic life support offered by an instructor  
7 approved by the American Red Cross or the American Heart  
8 Association.

9 (f) A registered dental assistant may apply for ~~and maintain~~ an  
10 orthodontic assistant permit or a dental sedation assistant permit,  
11 or both, by ~~adhering to~~ *submitting written evidence of* the  
12 following:

13 (1) Successful completion of a board-approved ~~course pursuant~~  
14 ~~to Section 1756.1 or 1756.2~~ *orthodontic assistant or dental*  
15 *sedation assistant course*, as applicable.

16 (2) Passage of a written examination administered by the  
17 committee that shall encompass the knowledge, skills, and abilities  
18 necessary to competently perform the duties of the particular  
19 permit.

20 (g) A registered dental assistant with permits in either  
21 orthodontic assisting or dental sedation assisting shall be referred  
22 to as an “RDA with orthodontic assistant permit,” or “RDA with  
23 dental sedation assistant permit,” as applicable. *These terms shall*  
24 *be used for reference purposes only and do not create additional*  
25 *categories of licensure.*

26 (h) ~~The Completion of the~~ continuing education requirements  
27 ~~for a registered dental assistant shall be deemed to satisfy the~~  
28 ~~continuing education requirements for renewal of a permit in~~  
29 ~~orthodontic assisting or dental sedation assisting, or both.~~  
30 *established by the board pursuant to Section 1645 by a registered*  
31 *dental assistant who also holds a permit as an orthodontic assistant*  
32 *or dental sedation assistant shall fulfill the continuing education*  
33 *requirements for the permit or permits.*

34 SEC. 17. Section 1752.2 of the Business and Professions Code  
35 is repealed.

36 SEC. 18. Section 1752.3 is added to the Business and  
37 Professions Code, to read:

38 1752.3. (a) On and after January 1, 2010, the written  
39 examination for registered dental assistant licensure required by  
40 Section 1752.1 shall comply with Section 139.

(b) On and after January 1, 2010, the practical examination for registered dental assistant licensure required by Section 1752.1 shall consist of ~~any of the three~~ *three of the* procedures described in paragraphs (1) to ~~(5)~~ (4), inclusive. The specific procedures shall be assigned by a registered dental assistant examination subcommittee appointed by the committee and shall be graded by examiners appointed by the committee. The procedures shall be performed on a fully articulated maxillary and mandibular typodont secured with a bench clamp. Each applicant shall furnish the required materials necessary to complete the examination.

(1) Place a base *or liner*.

~~(2) Place a liner.~~

~~(3)~~

(2) Place, adjust, and finish a direct provisional restoration.

~~(4)~~

(3) Fabricate and adjust an indirect provisional restoration.

~~(5)~~

(4) Cement an indirect provisional restoration.

SEC. 19. Section 1752.4 is added to the Business and Professions Code, to read:

1752.4. (a) A registered dental assistant may perform all of the following duties:

(1) All duties that ~~an unlicensed~~ *a dental assistant* is allowed to perform.

(2) Mouth-mirror inspections of the oral cavity, to include charting of obvious lesions, existing restorations, and missing teeth.

(3) Apply and activate bleaching agents using a nonlaser light-curing device.

(4) Use of automated caries detection devices and materials to gather information for diagnosis by the dentist.

(5) Obtain intraoral images for computer-aided design (CAD), milled restorations.

(6) Pulp vitality testing and recording of findings.

(7) Place bases, liners, and bonding agents.

(8) Chemically prepare teeth for bonding.

(9) Place, adjust, and finish direct provisional restorations.

(10) Fabricate, adjust, cement, and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration.

- 1 (11) Place ~~postextraction~~ *post-extraction* dressings after
- 2 inspection of the surgical site by the supervising licensed dentist.
- 3 (12) Place periodontal dressings.
- 4 (13) Dry endodontically treated canals using absorbent paper
- 5 points.
- 6 (14) Adjust dentures extra-orally.
- 7 (15) Remove excess cement from surfaces of teeth with a hand
- 8 instrument.
- 9 (16) Polish coronal surfaces of the teeth.
- 10 (17) Place ligature ties and archwires.
- 11 (18) Remove orthodontic bands.
- 12 (19) All duties that the board may prescribe by regulation.
- 13 (b) A registered dental assistant may only perform the following
- 14 additional duties if he or she has completed a board-approved
- 15 registered dental assistant educational program in those duties, or
- 16 if he or she has provided evidence, satisfactory to the committee,
- 17 of having completed a board-approved course in those duties.
- 18 (1) Remove excess cement with an ultrasonic scaler from
- 19 supragingival surfaces of teeth undergoing orthodontic treatment.
- 20 (2) The allowable duties of an orthodontic assistant permitholder
- 21 as specified in Section 1750.3. A registered dental assistant shall
- 22 not be required to complete further instruction in the duties of
- 23 placing ligature ties and archwires, removing orthodontic bands,
- 24 and removing excess cement from tooth surfaces with a hand
- 25 instrument.
- 26 (3) The allowable duties of a dental sedation assistant
- 27 permitholder as specified in Section 1750.5.
- 28 (4) The application of pit and fissure sealants.
- 29 (c) Except as provided in Section 1777, the supervising licensed
- 30 dentist shall be responsible for determining whether each
- 31 authorized procedure performed by a registered dental assistant
- 32 should be performed under general or direct supervision.
- 33 (d) This section shall become operative on January 1, 2010.
- 34 SEC. 20. Section 1752.5 of the Business and Professions Code
- 35 is repealed.
- 36 SEC. 21. Section 1752.6 of the Business and Professions Code
- 37 is repealed.
- 38 SEC. 22. Section 1752.6 is added to the Business and
- 39 Professions Code, to read:

1 1752.6. A registered dental assistant licensed on and after  
2 January 1, 2010, shall provide evidence of successful completion  
3 of a board-approved course in the application of pit and fissure  
4 sealants prior to the first expiration of his or her license that  
5 requires the completion of continuing education as a condition of  
6 renewal. The license of a registered dental assistant who does not  
7 provide evidence of successful completion of that course shall not  
8 be renewed until evidence of course completion is provided.

9 SEC. 23. Section 1753 of the Business and Professions Code  
10 is repealed.

11 SEC. 24. Section 1753 is added to the Business and Professions  
12 Code, to read:

13 1753. (a) On and after January 1, 2010, the board ~~shall~~ *may*  
14 license as a registered dental assistant in extended functions a  
15 person who submits written evidence, satisfactory to the board, of  
16 all of the following eligibility requirements:

17 (1) Current licensure as a registered dental assistant or  
18 completion of the requirements for licensure as a registered dental  
19 assistant.

20 (2) Successful completion of a board-approved course in the  
21 application of pit and fissure sealants.

22 (3) Successful completion of either of the following:

23 (A) An extended functions postsecondary program approved  
24 by the board in all of the procedures specified in Section 1753.5.

25 (B) An extended functions postsecondary program approved  
26 by the board to teach the duties that registered dental assistants in  
27 extended functions were allowed to perform pursuant to board  
28 regulations prior to January 1, 2010, and a course approved by the  
29 board in the procedures specified in paragraphs (1), (2), (5), and  
30 (7) to (11), inclusive, of subdivision (b) of Section 1753.5.

31 (4) Passage of a written examination and a clinical or practical  
32 examination administered by the committee. The board shall  
33 designate whether the written examination shall be administered  
34 by the committee or by the board-approved extended functions  
35 program.

36 (b) A registered dental assistant in extended functions may apply  
37 for ~~and maintain~~ an orthodontic assistant permit or a dental sedation  
38 assistant permit, or both, by ~~meeting all of the following~~  
39 ~~requirements~~; *providing written evidence of the following:*



1 (1) Successful completion of a board-approved course pursuant  
2 to Section 1756.1 or 1756.2 orthodontic assistant or dental  
3 sedation assistant course, as applicable.

4 (2) Passage of a written examination administered by the  
5 committee that shall encompass the knowledge, skills, and abilities  
6 necessary to competently perform the duties of the particular  
7 permit.

8 (c) A registered dental assistant in extended functions with  
9 permits in either orthodontic assisting or dental sedation assisting  
10 shall be referred to as an “RDAEF with orthodontic assistant  
11 permit,” or “RDAEF with dental sedation assistant permit,” as  
12 applicable. *These terms shall be used for reference purposes only  
13 and do not create additional categories of licensure.*

14 ~~(d) The continuing education requirements for a registered dental  
15 assistant in extended functions shall be deemed to satisfy the  
16 continuing education requirements for renewal of a permit in  
17 orthodontic assisting or dental sedation assisting, or both.~~

18 *(d) Completion of the continuing education requirements  
19 established by the board pursuant to Section 1645 by a registered  
20 dental assistant in extended functions who also holds a permit as  
21 an orthodontic assistant or dental sedation assistant shall fulfill  
22 the continuing education requirement for such permit or permits.*

23 SEC. 25. Section 1753.1 of the Business and Professions Code  
24 is amended and renumbered to read:

25 1753.5. (a) A registered dental assistant in extended functions  
26 licensed on or after January 1, 2010, is authorized to perform all  
27 duties and procedures that a registered dental assistant is authorized  
28 to perform as specified in and limited by Section 1752.4, and those  
29 duties that the board may prescribe by regulation.

30 (b) A registered dental assistant in extended functions licensed  
31 on or after January 1, 2010, is authorized to perform the following  
32 additional procedures under direct supervision and pursuant to the  
33 order, control, and full professional responsibility of a licensed  
34 dentist:

35 (1) Conduct preliminary evaluation of the patient’s oral health,  
36 including, but not limited to, charting, intraoral and extra-oral  
37 evaluation of soft tissue, classifying occlusion, and myofunctional  
38 evaluation.

39 (2) Perform oral health assessments in school-based, community  
40 health project settings under the direction of a dentist, registered

1 dental hygienist, or registered dental hygienist in alternative  
2 practice.

3 (3) Cord retraction of ~~gingivae~~ *gingiva* for impression  
4 procedures.

5 (4) Size and fit endodontic master points and accessory points.

6 (5) Cement endodontic master points and accessory points.

7 (6) Take final impressions for permanent indirect restorations.

8 (7) Take final impressions for tooth-borne removable prosthesis.

9 (8) Polish and contour existing amalgam restorations.

10 (9) Place, contour, finish, and adjust all direct restorations.

11 (10) Adjust and cement permanent indirect restorations.

12 (11) Other procedures authorized by regulations adopted by the  
13 board.

14 (c) All procedures required to be performed under direct  
15 supervision shall be checked and approved by the supervising  
16 licensed dentist prior to the patient's dismissal from the office.

17 SEC. 26. Section 1753.4 is added to the Business and  
18 Professions Code, to read:

19 1753.4. On and after January 1, 2010, each applicant for  
20 licensure as a registered dental assistant in extended functions shall  
21 successfully complete ~~a practical~~ *an* examination consisting of the  
22 procedures described in subdivisions (a) and (b). On and after  
23 January 1, 2010, each person who holds a current and active  
24 registered dental assistant in extended functions license issued  
25 prior to January 1, 2010, who wishes to perform the duties specified  
26 in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision  
27 (b) of Section 1753.5, shall successfully complete ~~a practical~~ *an*  
28 examination consisting of the procedures described in subdivision  
29 (b). The specific procedures shall be assigned by a registered dental  
30 assistant in extended functions examination subcommittee  
31 appointed by the committee and shall be graded by examiners  
32 appointed by the committee. Each applicant shall furnish the  
33 required materials necessary to complete the examination.

34 (a) Successful completion of the following two procedures on  
35 a patient provided by the applicant. The prepared tooth, prior to  
36 preparation, shall have had mesial and distal contact. The  
37 preparation performed shall have margins at or below the free  
38 gingival crest and shall be one of the following:  $\frac{7}{8}$  crown,  $\frac{3}{4}$   
39 crown, or full crown, including porcelain fused to metal. Alginate  
40 impression materials alone shall not be acceptable:

1 (1) Cord retraction of ~~gingivae~~ *gingiva* for impression  
2 procedures.

3 (2) Take a final impression for a permanent indirect restoration.

4 (b) Successful completion of two of the following procedures  
5 on a simulated patient head mounted in appropriate position and  
6 accommodating an articulated typodont in an enclosed intraoral  
7 environment, or mounted on a dental chair in a dental operatory:

8 (1) Place, condense, and carve an amalgam restoration.

9 (2) Place and contour a nonmetallic direct restoration.

10 (3) Polish and contour an existing amalgam restoration.

11 SEC. 27. Section 1753.5 of the Business and Professions Code  
12 is repealed.

13 SEC. 28. Section 1754 of the Business and Professions Code  
14 is amended and renumbered to read:

15 1752.4. (a) By September 15, 1993, the board, upon  
16 recommendation of the committee and consistent with this article,  
17 standards of good dental practice, and the health and welfare of  
18 patients, shall adopt regulations relating to the functions that may  
19 be performed by registered dental assistants under direct or general  
20 supervision, and the settings within which registered dental  
21 assistants may work. At least once every seven years thereafter,  
22 the board shall review the ~~list of functions performable by~~  
23 *allowable duties* of registered dental assistants, the supervision  
24 level, and settings under which they may be performed, and shall  
25 update the regulations as needed to keep them current with the  
26 state of the practice.

27 (b) A registered dental assistant may apply pit and fissure  
28 sealants under the general supervision of a licensed dentist, after  
29 providing evidence to the board of having completed a  
30 board-approved course in that procedure.

31 (c) This section shall remain in effect only until January 1, 2010,  
32 and as of that date is repealed, unless a later enacted statute, that  
33 is enacted before January 1, 2010, deletes or extends that date.

34 SEC. 29. Section 1754.5 is added to the Business and  
35 Professions Code, to read:

36 1754.5. As used in this article, the following definitions shall  
37 apply:

38 (a) "Didactic instruction" means lectures, demonstrations, and  
39 other instruction without active participation by students. The  
40 approved provider or its designee may provide didactic instruction

1 via electronic media, home study materials, or live lecture  
2 methodology if the provider has submitted that content for  
3 approval.

4 (b) "Laboratory instruction" means instruction in which students  
5 receive supervised experience performing procedures using study  
6 models, mannequins, or other simulation methods. There shall be  
7 at least one instructor for every 14 students who are simultaneously  
8 engaged in laboratory instruction.

9 (c) "Preclinical instruction" means instruction in which students  
10 receive supervised experience performing procedures on students,  
11 faculty, or staff members. There shall be at least one instructor for  
12 every six students who are simultaneously engaged in preclinical  
13 instruction.

14 (d) "Clinical instruction" means instruction in which students  
15 receive supervised experience in performing procedures in a  
16 clinical setting on patients. Clinical instruction shall only be  
17 performed upon successful demonstration and evaluation of  
18 preclinical skills. There shall be at least one instructor for every  
19 six students who are simultaneously engaged in clinical instruction.

20 *(E) This section shall remain in effect only until January 1,*  
21 *2011, and as of that date is repealed, unless a later enacted statute,*  
22 *that is enacted before January 1, 2011, deletes or extends that*  
23 *date.*

24 SEC. 30. Section 1755 is added to the Business and Professions  
25 Code, to read:

26 1755. (a) (1) The criteria in subdivisions (b) to (h), inclusive,  
27 shall be met by a dental assisting program or course and all  
28 orthodontic assisting and dental sedation assisting permit programs  
29 or courses to secure and maintain approval by the board as provided  
30 in this article.

31 (2) The board may approve, provisionally approve, or deny  
32 approval of any program or course.

33 (3) Program and course records shall be subject to inspection  
34 by the board at any time.

35 (4) The board may withdraw approval at any time that it  
36 determines that a program or course does not meet the requirements  
37 established in this section or any other requirements of law.

38 (5) All programs and courses shall be established at the  
39 postsecondary educational level or deemed equivalent thereto by  
40 the board.

1 (b) The program or course director ~~and each faculty member~~  
2 shall possess a valid, active, and current license issued by the  
3 ~~board. Each faculty member shall have been licensed for a~~  
4 ~~minimum of two years and possess experience in the subject matter~~  
5 ~~he or she is teaching. No faculty member shall instruct in any~~  
6 ~~procedure that he or she is not licensed to perform. The program~~  
7 ~~board. The program~~ or course director shall actively participate  
8 in and be responsible for the day-to-day administration of the  
9 program or course, including ~~both of the following~~ *the following*  
10 *requirements:*

11 (1) Maintaining for a period of not less than five years copies  
12 of curricula, program outlines, objectives, and grading criteria,  
13 and copies of faculty credentials, licenses, and certifications, and  
14 individual student records, including those necessary to establish  
15 satisfactory completion of the program or course.

16 (2) Informing the committee of any major change to the program  
17 or course content, physical facilities, or faculty, within 10 days of  
18 the change.

19 (3) *Ensuring that all staff and faculty involved in clinical*  
20 *instruction meet the requirements set forth in this article.*

21 (c) *No faculty member shall instruct in any procedure that he*  
22 *or she is not licensed or permitted to perform. Each faculty member*  
23 *shall have been licensed or permitted for a minimum of two years*  
24 *and possess experience in the subject matter he or she is teaching.*

25 ~~(e)~~

26 (d) A certificate or other evidence of completion shall be issued  
27 to each student who successfully completes the program or course  
28 and shall include the student's name, *the* name of the program or  
29 course, the total number of program or course hours, the date of  
30 completion, and the signature of the program or course director or  
31 his or her designee.

32 ~~(d)~~

33 (e) Facilities and class scheduling shall provide each student  
34 with sufficient opportunity, with instructor supervision, to develop  
35 minimum competency in all duties for which the program or course  
36 is approved to instruct.

37 (1) The location and number of general use equipment and  
38 armamentaria shall ensure that each student has the access  
39 necessary to develop minimum competency in all of the duties for  
40 which the program or course is approved to instruct. The program

1 or course provider may either provide the specified equipment and  
2 supplies or require that the student provide them. Nothing in this  
3 section shall preclude a dental office that contains the equipment  
4 required by this section from serving as a location for laboratory  
5 instruction.

6 (2) The minimum requirement for armamentaria includes  
7 infection control materials specified by the Division of  
8 Occupational Safety and Health and the regulations of the board,  
9 protective eyewear, mask, and gloves for each student and faculty  
10 member, and appropriate eye protection for each piece of  
11 equipment.

12 (3) Clinical instruction shall be of sufficient duration to allow  
13 the procedures to be performed to clinical proficiency. Operatories  
14 shall be sufficient in number to allow a ratio of at least one  
15 operatory for every five students who are simultaneously engaged  
16 in clinical instruction.

17 (A) Each operatory shall contain functional equipment, including  
18 a power-operated chair for treating patients in a supine position,  
19 operator and assistant stools, air-water syringe, adjustable light,  
20 oral evacuation equipment, work surface, and adjacent  
21 hand-washing sink.

22 (B) Each operatory shall be of sufficient size to simultaneously  
23 accommodate one student, one instructor, and one patient.

24 ~~(e)~~

25 (f) The program or course shall establish written clinical and  
26 laboratory protocols to ensure adequate asepsis, infection, and  
27 hazard control and disposal of hazardous wastes, that comply with  
28 the board's regulations and other federal, state, and local  
29 requirements. The program or course shall provide these protocols  
30 to all students, faculty, and appropriate staff to ensure compliance  
31 with these protocols. Adequate space shall be provided for  
32 preparing and sterilizing all armamentarium. All reusable  
33 armamentarium shall be sterilized and nonreusable items properly  
34 disposed.

35 ~~(f)~~

36 (g) A written policy on managing emergency situations shall  
37 be made available to all students, faculty, and staff. All faculty  
38 and staff involved in the direct provision of patient care shall be  
39 certified in basic life support procedures, including  
40 cardiopulmonary resuscitation. Recertification intervals may not

1 exceed two years. The program or course director shall ensure and  
2 document compliance by faculty and staff. A program or course  
3 shall not be required to ensure that students complete instruction  
4 in basic life support prior to performing procedures on patients.

5 ~~(g)~~

6 *(h)* A detailed program or course outline shall clearly state  
7 curriculum subject matter and specific instruction hours in the  
8 individual areas of didactic, laboratory, and clinical instruction.  
9 General program or course objectives and specific instructional  
10 unit objectives shall be stated in writing, and shall include  
11 theoretical aspects of each subject as well as practical application.  
12 Objective evaluation criteria shall be used for measuring student  
13 progress toward attainment of specific program or course  
14 objectives. Students shall be provided with all of the following:

15 (1) Specific unit objectives and the evaluation criteria that will  
16 be used for all aspects of the curriculum including written,  
17 practical, and clinical examinations.

18 (2) Standards of performance that state the minimum number  
19 of satisfactory performances that are required for each procedure.

20 (3) Standards of performance for laboratory, preclinical, and  
21 clinical functions, those steps that constitute a critical error and  
22 would cause the student to fail the procedure, and a description of  
23 each of the grades that may be assessed for each procedure.

24 ~~(h)~~

25 *(i)* (1) If an extramural clinical facility is utilized, students shall,  
26 as part of an extramural organized program of instruction, be  
27 provided with planned, supervised clinical instruction. Laboratory  
28 and preclinical instruction shall be performed under the direct  
29 supervision of program or course faculty and shall not be provided  
30 in extramural facilities.

31 (2) The program or course director, or a designated faculty  
32 member, shall be responsible for selecting extramural clinical sites  
33 and evaluating student competence in performing procedures both  
34 before and after the clinical assignment.

35 (3) The program or course director, or a designated faculty  
36 member, shall orient dentists who intend to provide extramural  
37 clinical facilities prior to the student assignment. Orientation shall  
38 include the objectives of the program or course, the student's  
39 preparation for the clinical assignment, and a review of procedures  
40 and criteria to be used by the dentist in evaluating the student

1 during the assignment. The program or course faculty and  
2 extramural clinic personnel shall use the same objective evaluation  
3 criteria.

4 (4) There shall be a written contract of affiliation with each  
5 extramural clinical facility, which shall describe the settings in  
6 which the clinical training will be received, and affirm that the  
7 dentist and clinic personnel acknowledge the legal scope of duties  
8 and infection control requirements, that the clinical facility has the  
9 necessary equipment and armamentaria appropriate for the  
10 procedures to be performed, and that the equipment and  
11 armamentaria are in safe operating condition.

12 *(j) This section shall remain in effect only until January 1, 2011,*  
13 *and as of that date is repealed, unless a later enacted statute, that*  
14 *is enacted before January 1, 2011, deletes or extends that date.*

15 SEC. 31. Section 1756 of the Business and Professions Code  
16 is amended and renumbered to read:

17 1753.1. (a) The board ~~shall~~ *may* license as a registered dental  
18 assistant in extended functions a person who satisfies all of the  
19 following eligibility requirements:

20 (1) Status as a registered dental assistant.

21 (2) Completion of clinical training approved by the board in a  
22 facility affiliated with a dental school under the direct supervision  
23 of the dental school faculty.

24 (3) Satisfactory performance on an examination required by the  
25 board.

26 (b) This section shall remain in effect only until January 1, 2010,  
27 and as of that date is repealed, unless a later enacted statute, that  
28 is enacted before January 1, 2010, deletes or extends that date.

29 SEC. 32. Section 1756 is added to the Business and Professions  
30 Code, to read:

31 1756. In addition to the requirements of Section 1755, the  
32 following criteria shall be met by a course in infection control, *as*  
33 *required in Sections 1750, 1750.2, 1750.4, and 1752.1*, to secure  
34 and maintain approval by the board:

35 (a) Adequate provisions for the supervision and operation of  
36 the course in infection control shall be made. Notwithstanding  
37 Section 1755, faculty shall not be required to be licensed by the  
38 board, but faculty shall have experience in the instruction of the  
39 infection control regulations and guidelines issued by the board  
40 and the Division of Occupational Safety and Health (Cal-DOSH).



1 In addition to the requirements of Section 1755, all faculty  
2 responsible for clinical evaluation shall have completed a two-hour  
3 methodology course in clinical evaluation.

4 (b) A course in infection control shall be of sufficient duration  
5 for the student to develop minimum competency in all aspects of  
6 infection control regulations and guidelines issued by the board  
7 and Cal-DOSH, but in no event less than eight hours, including at  
8 least four hours of didactic instruction, at least two hours of  
9 laboratory or preclinical instruction, and at least two hours of  
10 clinical instruction. Preclinical instruction shall utilize instruments,  
11 surfaces, and situations where contamination is simulated, without  
12 actual contamination, from bloodborne and other pathogens being  
13 present.

14 (c) The minimum requirements for equipment and armamentaria  
15 shall include personal protective equipment, FDA-approved  
16 sterilizer, ultrasonic unit or instrument processing device, sharps  
17 container, selection of instruments, equipment, and armamentaria  
18 that are necessary to instruct or demonstrate proper hazardous  
19 waste disposal, consistent with Cal-DOSH regulations, local, state,  
20 and federal mandates, and all other armamentaria required to  
21 instruct or properly demonstrate the subjects described in the course  
22 content.

23 (d) Areas of instruction shall include, at a minimum, the  
24 instruction specified in subdivisions (e) and (f).

25 (e) Didactic instruction shall include, at a minimum, the  
26 following as they relate to the infection control regulations of the  
27 board and of Cal-DOSH:

28 (1) Basic dental science and microbiology as they relate to  
29 infection control in dentistry.

30 (2) Legal and ethical aspects of infection control procedures.

31 (3) Terms and protocols specified in the regulations of the board  
32 regarding the minimum standards for infection control.

33 (4) Principles of modes of disease transmission and prevention.

34 (5) Principles, techniques, and protocols of hand hygiene,  
35 personal protective equipment, surface barriers and disinfection,  
36 sterilization, sanitation, and hazardous chemicals associated with  
37 infection control.

38 (6) Principles and protocols of sterilizer monitoring and the  
39 proper loading, unloading, storage, and transportation of  
40 instruments to work area.

- 1 (7) Principles and protocols associated with sharps management.
- 2 (8) Principles and protocols of infection control for laboratory
- 3 areas.
- 4 (9) Principles and protocols of waterline maintenance.
- 5 (10) Principles and protocols of regulated and nonregulated
- 6 waste management.
- 7 (11) Principles and protocols related to injury and illness
- 8 prevention, hazard communication, general office safety, *exposure*
- 9 *control*, *postexposure requirements*, and monitoring systems for
- 10 radiation safety and sterilization systems.
- 11 (f) Preclinical instruction shall include three experiences in the
- 12 following areas, with one used for a practical examination. Clinical
- 13 instruction shall include two experiences in the following areas,
- 14 with one used for a clinical examination:
- 15 (1) Apply hand cleansing products and perform hand cleansing
- 16 techniques and protocols.
- 17 (2) Apply, remove, and dispose of patient treatment gloves,
- 18 utility gloves, overgloves, protective eyewear, masks, and clinical
- 19 attire.
- 20 (3) Apply the appropriate techniques and protocols for the
- 21 preparation, sterilization, and storage of instruments including, at
- 22 a minimum, application of personal protective equipment,
- 23 precleaning, ultrasonic cleaning, rinsing, sterilization wrapping,
- 24 internal or external process indicators, labeling, sterilization,
- 25 drying, storage, and delivery to work area.
- 26 (4) Preclean and disinfect contaminated *operatory* surfaces and
- 27 devices, *and properly use, place, and remove surface barriers*.
- 28 (5) Maintain sterilizer including, at a minimum, proper
- 29 instrument loading and unloading, operation cycle, spore testing,
- 30 and handling and disposal of sterilization chemicals.
- 31 (6) Apply work practice controls as they relate to the following
- 32 classification of sharps: anesthetic needles or syringes, orthodontic
- 33 wires, and broken glass.
- 34 (7) Apply infection control protocol for the following laboratory
- 35 devices: impressions, bite registrations, and prosthetic appliances.
- 36 (8) Perform waterline maintenance, including use of water tests
- 37 and purging of waterlines.
- 38 (g) Each student shall pass a written examination that reflects
- 39 the curriculum content, which may be administered at intervals
- 40 throughout the course as determined by the course director.

1     (h) *This section shall remain in effect only until January 1, 2011,*  
2     *and as of that date is repealed, unless a later enacted statute, that*  
3     *is enacted before January 1, 2011, deletes or extends that date.*

4     SEC. 33. Section 1756.1 is added to the Business and  
5     Professions Code, to read:

6     1756.1. In addition to the requirements of Section 1755, the  
7     following criteria shall be met by a orthodontic assistant permit  
8     course to secure and maintain approval by the board. The board  
9     may approve orthodontic assistant permit courses prior to January  
10    1, 2010, and recognize the completion of orthodontic assistant  
11    permit courses by students prior to January 1, 2010, but the board  
12    may not issue an orthodontic assistant permit to students graduating  
13    from orthodontic assistant permit courses until on or after January  
14    1, 2010.

15    (a) The course shall be of sufficient duration for the student to  
16    develop minimum competence in all of the duties that orthodontic  
17    assistant permitholders are authorized to perform, but in no event  
18    less than 84 hours, including at least 24 hours of didactic  
19    instruction, at least 28 hours of laboratory instruction, and at least  
20    32 hours of clinical instruction.

21    (b) The minimum requirements for equipment and armamentaria  
22    shall include banded or bonded orthodontic typodonts *in the ratio*  
23    *of at least one for every four students*, bench mount or dental chair  
24    mounted mannequin head, curing light, regular typodont with full  
25    dentition ~~or~~ *and* soft gingiva in the ratio of at least one for every  
26    ~~three~~ *four* students, and a selection of orthodontic instruments and  
27    adjunct material for all of the procedures that orthodontic assistant  
28    permitholders are authorized to perform.

29    (c) All faculty responsible for clinical evaluation shall have  
30    completed a two-hour methodology course in clinical evaluation  
31    *prior to conducting clinical evaluations of students.*

32    (d) Areas of instruction shall include, at a minimum, the  
33    instruction specified in subdivisions (e) to (j), inclusive. In addition  
34    to the requirements of those subdivisions, instruction shall include  
35    basic background information on orthodontic practice, including  
36    orthodontic treatment review, charting, patient education, and legal  
37    and infection control requirements as they apply to orthodontic  
38    practice.

39    (e) The following requirements shall be met for sizing, fitting,  
40    cementing, and removing orthodontic bands:

- 1 (1) Didactic instruction shall include the following:
- 2 (A) Theory of band positioning and tooth movement.
- 3 (B) Characteristics of band material including malleability,
- 4 stiffness, ductility, and work hardening.
- 5 (C) Techniques for orthodontic banding and removal, including
- 6 all of the following:
- 7 (i) Armamentaria.
- 8 (ii) General principles of fitting and removing bands.
- 9 (iii) Normal placement requirements of brackets, tubes, lingual
- 10 sheaths, lingual cleats, and buttons onto bands.
- 11 (iv) Orthodontic cements and adhesive materials: classifications,
- 12 armamentaria, and mixing technique.
- 13 (v) Cementing bands: armamentaria, mixing technique, and
- 14 band cementation procedures.
- 15 (vi) Procedure for removal of bands after cementation.
- 16 (2) Laboratory instruction shall include typodont experience in
- 17 the sizing, fitting, cementing, and removal of four posterior first
- 18 molar bands a minimum of two times, with the cementing and
- 19 removal of two first molar bands used as a practical examination.
- 20 (3) Clinical instruction shall include the sizing, fitting,
- 21 cementing, and removal of four posterior first molar bands on at
- 22 least two patients.
- 23 (f) The following requirements shall be met for preparing teeth
- 24 for bonding:
- 25 (1) Didactic instruction shall include the following: chemistry
- 26 of etching materials and tooth surface preparation, application and
- 27 time factors, armamentaria, and techniques for tooth etching.
- 28 (2) Laboratory instruction shall include typodont experience
- 29 with etchant application in preparation for subsequent bracket
- 30 bonding on four anterior and four posterior teeth a minimum of
- 31 four times each, with one of each of the four times used for a
- 32 practical examination.
- 33 (3) Clinical instruction shall include etchant application in
- 34 preparation for bracket bonding on anterior and posterior teeth on
- 35 at least two patients.
- 36 (g) The following requirements shall be met for bracket
- 37 positioning, bond curing, and removal of orthodontic brackets.
- 38 (1) Didactic instruction shall include the following:
- 39 (A) Characteristics and methods of orthodontic bonding.
- 40 (B) Armamentaria.

- 1 (C) Types of bracket bonding surfaces.
- 2 (D) Bonding material characteristics, application techniques,
- 3 and curing time factors.
- 4 (E) Procedure for direct and indirect bracket bonding.
- 5 (F) Procedures for bracket or tube removal.
- 6 (2) Laboratory instruction shall include typodont experience
- 7 with selecting, prepositioning, tooth etching, positioning, curing
- 8 and removing of four anterior and four posterior brackets a
- 9 minimum of four times each, with one each of the four times used
- 10 for a practical examination.
- 11 (3) Clinical instruction shall include selecting, adjusting,
- 12 prepositioning, etching, curing and removal of anterior and
- 13 posterior brackets on at least two patients.
- 14 (h) The following requirements shall be met for archwire
- 15 placement and ligation:
  - 16 (1) Didactic instruction shall include the following:
    - 17 (A) Archwire characteristics.
    - 18 (B) Armamentaria.
    - 19 (C) Procedures for placement of archwire previously adjusted
    - 20 by the dentist.
    - 21 (D) Ligature systems, purpose and types, including elastic, wire,
    - 22 and self-ligating.
  - 23 (2) Laboratory instruction shall include typodont experience on
  - 24 the following:
    - 25 (A) The insertion of a preformed maxillary and mandibular
    - 26 archwire a minimum of four times per arch, with one of each of
    - 27 the four times used for a practical examination.
    - 28 (B) Ligation of maxillary and mandibular archwire using elastic
    - 29 or metal ligatures or self-ligating brackets a minimum of four times
    - 30 per arch, with one of each of the four times used for a practical
    - 31 examination.
  - 32 (3) Clinical instruction shall include the following:
    - 33 (A) Insertion of a preformed maxillary and mandibular archwire
    - 34 on at least two patients.
    - 35 (B) Ligating both preformed maxillary and mandibular archwires
    - 36 using a combination of elastic and metal ligatures or self-ligating
    - 37 brackets on at least two patients for each.
  - 38 (i) The following requirements shall be met for cement removal
  - 39 with a hand instrument:

1 (1) Didactic instruction shall include, armamentaria and  
2 techniques of cement removal using hand instruments and related  
3 materials.

4 (2) Laboratory instruction shall include typodont experience on  
5 the removal of excess cement supragingivally from an  
6 orthodontically banded typodont using a hand instrument four  
7 times, with one of the four times used for a practical examination.

8 (3) Clinical instruction shall include removal of excess cement  
9 supragingivally from orthodontic bands with a hand instrument  
10 on at least two patients.

11 (j) Instruction for cement removal with an ultrasonic scaler shall  
12 be in accordance with the regulations of the board governing  
13 courses in the removal of excess cement from teeth under  
14 orthodontic treatment with an ultrasonic scaler.

15 (k) Each student shall pass a written examination that reflects  
16 the curriculum content, which may be administered at intervals  
17 throughout the course as determined by the course director.

18 *(l) This section shall remain in effect only until January 1, 2011,*  
19 *and as of that date is repealed, unless a later enacted statute, that*  
20 *is enacted before January 1, 2011, deletes or extends that date.*

21 SEC. 34. Section 1756.2 is added to the Business and  
22 Professions Code, to read:

23 1756.2. In addition to the requirements of Section 1755, the  
24 following criteria shall be met by a dental sedation assistant permit  
25 course to secure and maintain approval by the board. The board  
26 may approve a dental sedation assistant permit course prior to  
27 January 1, 2010, and recognize the completion of these courses  
28 by students prior to January 1, 2010, but the board may not issue  
29 a dental sedation assistant permit to students graduating from dental  
30 sedation assistant permit courses until on or after January 1, 2010.  
31 As used in this section, "IV" means "intravenous."

32 (a) (1) The course director or faculty may, in lieu of a license  
33 issued by the board, possess a valid, active, and current license  
34 issued in California as a ~~registered nurse~~ *certified registered nurse*  
35 *anesthetist* or a physician and surgeon.

36 (2) All faculty responsible for clinical evaluation shall have  
37 completed a two-hour methodology course in clinical evaluation  
38 *prior to conducting clinical evaluations of students.*

39 (b) The course shall be of a sufficient duration for the student  
40 to develop minimum competence in all of the duties that dental

1 sedation assistant permitholders are authorized to perform, but in  
2 no event less than 110 hours, including at least 40 hours of didactic  
3 instruction, at least 32 hours of ~~laboratory~~ *combined laboratory*  
4 *and preclinical* instruction, and at least 38 hours of clinical  
5 instruction.

6 (c) (1) The following are minimum requirements for equipment  
7 and armamentaria: one pulse oximeter for each six students; one  
8 ~~automatic electronic defibrillator or defibrillator trainer; one~~  
9 *automated external defibrillator (AED) or AED trainer; one*  
10 capnograph or teaching device for monitoring of end tidal CO<sub>2</sub>;  
11 blood pressure cuff and stethoscope for each six students; one  
12 pretracheal stethoscope for each six students; one electrocardiogram  
13 machine, one automatic blood pressure/pulse measuring  
14 system/machine, and one oxygen delivery system including oxygen  
15 tank; one IV start kit for each student; one venous access device  
16 kit for each student; IV equipment and supplies for IV infusions  
17 including hanging device infusion containers and tubing for each  
18 six students; one sharps container for each six students; packaged  
19 syringes, needles, needleless devices, practice fluid ampules and  
20 vials for each student; stop watch or timer with second hand for  
21 each six students; one heart/lung sounds mannequin or teaching  
22 device; tonsillar or pharyngeal suction tip, endotracheal tube  
23 forceps, endotracheal tube and appropriate connectors, suction  
24 equipment for aspiration of oral and pharyngeal cavities, and  
25 laryngoscope in the ratio of at least one for each six students; any  
26 other monitoring or emergency equipment that the regulations of  
27 the board require for the administration of general anesthesia or  
28 conscious sedation; and a selection of instruments and supplemental  
29 armamentaria for all of the procedures that dental sedation assistant  
30 permitholders are authorized to perform.

31 (2) Each operatory *used for preclinical or clinical training* shall  
32 contain either a surgery table or a power-operated chair for treating  
33 patients in a supine position, an irrigation system or sterile water  
34 delivery system as they pertain to the specific practice, and all  
35 other equipment and armamentarium required to instruct in the  
36 duties that dental sedation assistant permitholders are authorized  
37 to perform.

38 (3) All students, faculty, and staff involved in the direct  
39 provision of patient care shall be certified in basic life support

1 procedures, including the use of an automatic electronic  
2 defibrillator.

3 (d) Areas of instruction shall include, at a minimum, the  
4 instruction specified in subdivisions (e) to (n), inclusive, as they  
5 relate to the duties that dental sedation assistant permitholders are  
6 authorized to perform.

7 (e) General didactic instruction shall include:

8 ~~(1) Characteristics of general body anatomy and systems~~  
9 ~~including the vascular system and nervous system and the~~  
10 ~~physiology of the cardiovascular and respiratory systems.~~

11 *(1) Patient evaluation and selection factors through review of*  
12 *medical history, physical assessment, and medical consultation.*

13 *(2) Characteristics of anatomy and physiology of the circulatory,*  
14 *cardiovascular, and respiratory systems, and the central and*  
15 *peripheral nervous system.*

16 ~~(2)~~

17 (3) Characteristics of anxiety management related to the surgical  
18 patient, relatives, and escorts, and characteristics of anxiety and  
19 pain reduction techniques.

20 ~~(3)~~

21 (4) Overview of the classification of drugs used by patients for  
22 cardiac disease, respiratory disease, hypertension, diabetes,  
23 neurological disorders, and infectious diseases.

24 ~~(4)~~

25 (5) Overview of *techniques* and specific drug groups utilized  
26 for sedation and general anesthesia.

27 ~~(5) Overview of specific drug groups utilized for medical~~  
28 ~~emergencies.~~

29 *(6) Definitions and characteristics of levels of sedation achieved*  
30 *with general anesthesia and sedative agents, including the*  
31 *distinctions between conscious sedation, deep sedation, and*  
32 *general anesthesia.*

33 *(7) Overview of patient monitoring during conscious sedation*  
34 *and general anesthesia.*

35 *(8) Prevention, recognition, and management of complications.*

36 *(9) Obtaining informed consent.*

37 (f) (1) ~~Didactic~~ *With respect to medical emergencies, didactic*  
38 *instruction shall also include an overview of medical emergencies,*  
39 *including, but not limited to, airway obstruction, bronchospasm*  
40 *or asthma, laryngospasm, allergic reactions, syncope, cardiac arrest,*



1 cardiac dysrhythmia, seizure disorders, hyperglycemia and  
2 hypoglycemia, drug overdose, hyperventilation, acute coronary  
3 syndrome including angina and myocardial infarction,  
4 *hypertension, hypotension, stroke, aspiration of vomitus*, and  
5 congestive heart failure.

6 (2) Laboratory instruction shall include the simulation and  
7 response to at least the following medical emergencies: airway  
8 obstruction, bronchospasm, emesis and aspiration of foreign  
9 material under anesthesia, angina pectoris, myocardial infarction,  
10 hypotension, hypertension, cardiac arrest, allergic reaction,  
11 convulsions, hypoglycemia, syncope, and respiratory depression.  
12 Both training mannequins and other students or staff may be used  
13 for simulation. Instruction shall include at least two experiences  
14 each, one of each of which shall be used for a practical  
15 examination.

16 ~~(g) Didactic instruction shall include the following with respect~~  
17 ~~to oral sedation and the pediatric patient:~~

18 *(g) With respect to sedation and the pediatric patient, didactic*  
19 *instruction shall include the following:*

20 (1) Psychological considerations.

21 (2) Patient evaluation and selection factors through review of  
22 medical history, physical assessment, and medical consultation.

23 (3) Definitions and characteristics of levels of sedation achieved  
24 with general anesthesia and sedative agents, with special emphasis  
25 on the distinctions between conscious sedation, deep sedation, and  
26 general anesthesia.

27 (4) Review of respiratory and circulatory physiology and related  
28 anatomy, with special emphasis on establishing and maintaining  
29 a patent airway.

30 (5) Overview of pharmacology agents used in contemporary  
31 sedation and general anesthesia.

32 (6) Patient monitoring.

33 (7) Obtaining informed consent.

34 (8) Prevention, recognition, and management of complications,  
35 including principles of basic life support.

36 (h) With respect to physically, mentally, and neurologically  
37 compromised patients, didactic instruction shall include the  
38 ~~following: characteristics of medical conditions including~~  
39 *following: an overview of characteristics of Alzheimer's disease,*  
40 *autism, cerebral palsy, Down syndrome, mental retardation,*

1 multiple sclerosis, muscular dystrophy, Parkinson's disease,  
2 schizophrenia, and stroke.

3 (i) With respect to health history and patient assessment, didactic  
4 instruction shall include, but not be limited to, the recording of the  
5 following:

6 (1) Age, sex, weight, physical status (American Society of  
7 Anesthesiologists Classification), medication use, general health,  
8 any known or suspected medically compromising conditions,  
9 rationale for anesthesia or sedation of the patient, visual  
10 examination of the airway, and auscultation of the heart and lungs  
11 as medically required.

12 (2) General anesthesia or conscious sedation records including  
13 a time-oriented record with preoperative, multiple ~~interoperative~~  
14 *intraoperative*, and postoperative pulse oximetry and blood  
15 pressure and pulse readings, amounts of time of drug  
16 administration, length of procedure, complications of anesthesia  
17 or sedation, and a statement of the patient's condition at time of  
18 discharge.

19 (j) ~~(H)~~ With respect to monitoring heart sounds with  
20 pretracheal/precordial stethoscope and ECG/EKG and use of  
21 ~~defibrillator~~, didactic AED:

22 (1) *Didactic* instruction shall include the following:

23 (A) Characteristics of pretracheal/precordial stethoscope.

24 (B) Review of anatomy and physiology of circulatory system:  
25 heart, blood vessels, and cardiac cycle as it relates to EKG.

26 (C) Characteristics of rhythm interpretation and waveform  
27 analysis basics.

28 (D) Characteristics of manual intermittent and automatic blood  
29 pressure and pulse assessment.

30 (E) Characteristics and use of ~~a defibrillator~~ *an AED*.

31 (F) Procedure for using a pretracheal/precordial stethoscope for  
32 monitoring of heart sounds.

33 (G) Procedure for use and monitoring of the heart with an  
34 ECG/EKG machine, including electrode placement, ~~the calibration~~  
35 *and the adjustment* of such equipment.

36 (H) Procedure for using manual and automatic blood  
37 pressure/pulse/respiration measuring system.

38 (2) Preclinical ~~and clinical~~ instruction shall include at least three  
39 experiences on another student or staff person for each of the  
40 following, one of each of which shall be used for *an examination*.

1 *Clinical instruction shall include at least three experiences on a*  
2 *patient for each of the following, one of each of which shall be*  
3 *used for a clinical examination:*

4 (A) Assessment of blood pressure and pulse both manually and  
5 utilizing an automatic system. ~~Instruction shall include the~~  
6 ~~calibration of such equipment.~~

7 (B) Placement and assessment of an electrocardiogram  
8 (ECG/EKG). ~~Instruction shall include the calibration adjustment~~  
9 ~~of such equipment.~~

10 (C) Monitoring and assessment of heart sounds with a  
11 pretracheal/precordial stethoscope.

12 (D) Use of a defibrillator or defibrillator *an AED or AED trainer.*

13 (k) ~~(I)~~ With respect to monitoring lung/respiratory sounds with  
14 pretracheal/precordial stethoscope and monitoring oxygen  
15 saturation end tidal CO<sub>2</sub> with pulse oximeter and ~~capnograph,~~  
16 ~~didactic capnograph:~~

17 (1) *Didactic* instruction shall include the following:

18 (A) Characteristics of pretracheal/precordial stethoscope, pulse  
19 oximeter and capnograph for respiration monitoring.

20 (B) Review of anatomy and physiology of respiratory system  
21 to include the nose, mouth, pharynx, epiglottis, larynx, trachea,  
22 bronchi, bronchioles, and alveolus.

23 (C) Characteristics of respiratory monitoring/lung sounds:  
24 mechanism of respiration, composition of respiratory gases, oxygen  
25 saturation.

26 (D) Characteristics of manual and automatic respiration  
27 assessment.

28 (E) Procedure for using a pretracheal/precordial stethoscope for  
29 respiration monitoring.

30 (F) Procedure for using and ~~caring for~~ maintaining pulse  
31 oximeter for monitoring oxygen saturation.

32 (G) Procedure for use, ~~care, and maintenance for~~ capnograph  
33 ~~for monitoring end tidal CO<sub>2</sub> levels. and maintenance of~~  
34 ~~capnograph.~~

35 (H) Characteristics for monitoring blood and skin color and  
36 other related factors.

37 (I) Procedures and use of an oxygen delivery system.

38 (J) Characteristics of airway management to include  
39 armamentaria and use.

1     (2) ~~Clinical and preclinical~~ *Preclinical and clinical* instruction  
2 shall include at least three experiences on a student or staff person  
3 for each of the following, one of each of which shall be used for  
4 *an examination. Clinical instruction shall include at least three*  
5 *experiences on a patient for each of the following, one of which*  
6 *shall be used for a clinical examination:*

7     (A) Assessment of respiration rates ~~both visually and utilizing~~  
8 ~~an automatic system. Instruction shall include the calibration of~~  
9 ~~such equipment.~~

10    (B) Monitoring and assessment of lung sounds and ventilation  
11 with a pretracheal/precordial stethoscope.

12    (C) Monitoring oxygen saturation with a pulse oximeter.

13    (D) Use of an oxygen delivery system.

14    (I) ~~(1)~~ With respect to drug identification and ~~draw, didactic~~  
15 ~~draw:~~

16     (1) *Didactic* instruction shall include:

17     (A) Characteristics of syringes and needles including use, types,  
18 gauges, lengths, and components.

19     (B) Characteristics of drug, medication, and fluid storage units,  
20 use, type, components, identification of label including generic  
21 and brand names, strength, potential adverse reactions, expiration  
22 date, and contraindications.

23     (C) Characteristics of drug draw including armamentaria, label  
24 verification, ampule and vial preparation, and drug withdrawal  
25 techniques.

26    (2) Laboratory instruction shall include at least three experiences  
27 in the withdrawal of fluids from a vial or ampule in the amount  
28 specified by faculty, one of which shall be for a practical  
29 examination.

30    (3) Clinical instruction shall include at least three experiences  
31 in the evaluation of vial or container labels for identification of  
32 content, dosage, and strength and in the withdrawal of fluids from  
33 a vial or ampule in the amount specified by faculty or the  
34 extramural facility dentist.

35    (m) ~~(1)~~ With respect to adding drugs, medications, and fluids  
36 to IV ~~lines, didactic lines:~~

37     (1) *Didactic* instruction shall include:

38     (A) Characteristics of adding drugs, medications, and fluids to  
39 IV lines in the presence of a licensed dentist.

40     (B) Armamentaria.

1 (C) Procedures for adding drugs, medications, and fluids,  
2 including amount and time intervals.

3 (D) Procedures for adding drugs, medications, and fluids by IV  
4 bolus.

5 (E) Characteristics of patient observation for signs and  
6 symptoms of drug response.

7 (2) Laboratory instruction shall include at least three experiences  
8 of adding fluids to an existing IV line on a venipuncture training  
9 arm or in a simulated environment, one of which shall be used for  
10 a practical examination.

11 (3) Clinical instruction shall include at least three experiences  
12 adding fluids to existing IV lines on at least three patients in the  
13 presence of a licensed dentist.

14 (n) ~~(1)~~ With respect to the removal of IV lines, ~~didactic lines~~:

15 (1) *Didactic* instruction shall include overview and procedures  
16 for the removal of an IV line.

17 (2) Laboratory instruction shall include at least three experiences  
18 on a venipuncture training arm or in a simulated environment for  
19 IV removal, one of which shall be used for a practical examination.

20 (3) Clinical instruction shall include at least three experiences  
21 removing IV lines on at least three patients in the presence of a  
22 licensed dentist.

23 (o) Each student shall pass a written examination that reflects  
24 the curriculum content, which may be administered at intervals  
25 throughout the course as determined by the course director.

26 *(p) This section shall remain in effect only until January 1, 2011,*  
27 *and as of that date is repealed, unless a later enacted statute, that*  
28 *is enacted before January 1, 2011, deletes or extends that date.*

29 SEC. 35. Section 1757 of the Business and Professions Code  
30 is amended and renumbered to read:

31 1753.6. (a) Each person who holds a license as a registered  
32 dental assistant in extended functions on the operative date of this  
33 section may only perform those procedures that a registered dental  
34 assistant is allowed to perform as specified in and limited by  
35 Section 1752.4, and the procedures specified in paragraphs (1) to  
36 (6), inclusive, until he or she provides evidence of having  
37 completed a board-approved course in the additional procedures  
38 specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of  
39 subdivision (b) of Section 1753.5, and an examination as specified  
40 in Section 1753.4:

1 (1) Cord retraction of ~~gingivae~~ *gingiva* for impression  
2 procedures.

3 (2) Take final impressions for permanent indirect restorations.

4 (3) Formulate indirect patterns for endodontic post and core  
5 castings.

6 (4) Fit trial endodontic filling points.

7 (5) Apply pit and fissure sealants.

8 (6) Remove excess cement from subgingival tooth surfaces with  
9 a hand instrument.

10 (b) This section shall become operative on January 1, 2010.

11 SEC. 36. Section 1757 is added to the Business and Professions  
12 Code, to read:

13 1757. (a) A registered dental assistant program shall receive  
14 board approval prior to operation.

15 (1) In order for a registered dental assistant program to secure  
16 and maintain approval by the board, it shall meet the requirements  
17 of Section 1755 and the following requirements:

18 (A) Programs approved on or after January 1, 2009, shall meet  
19 all of the requirements of this section.

20 (B) Programs approved prior to January 1, 2009, shall meet all  
21 of the requirements of this section except as otherwise specified.  
22 *Such a program shall continue to be approved only if it has*  
23 *certified to the board no later than April 30, 2009, on a form*  
24 *specified by the board, that it shall, no later than July 1, 2009,*  
25 *comply with all of the requirements of this section in providing*  
26 *instruction in all duties that registered dental assistants will be*  
27 *allowed to perform on and after January 1, 2010. The certification*  
28 *to the board shall contain the date on which the program will*  
29 *begin teaching those duties.*

30 (2) A program shall notify the board in writing if it wishes to  
31 increase the maximum student enrollment for which it is approved  
32 and shall provide whatever additional documentation the board  
33 requires to reapprove the program for the increased enrollment  
34 prior to accepting additional students.

35 (3) The board may at any time conduct a thorough evaluation  
36 of an approved educational program's curriculum and facilities to  
37 determine whether the program meets the requirements for  
38 continued approval.

1 (4) The board may, in lieu of conducting its own investigation,  
2 accept the findings of any commission or accreditation agency  
3 approved by the board and adopt those findings as its own.

4 (b) Programs shall have an advisory committee consisting of  
5 an equal number of registered dental assistants and dentists,  
6 including at least two registered dental assistants and two dentists,  
7 all currently licensed by the board. The advisory committee shall  
8 meet at least once each academic year with the program director,  
9 faculty, and appropriate institutional personnel to monitor the  
10 ongoing quality and performance of the program. Programs that  
11 admit students at different phases shall meet at least twice each  
12 year.

13 (c) Adequate provision for the supervision and operation of the  
14 program shall be made. In addition to the requirements of Section  
15 1755, the following requirements shall be met:

16 (1) Each program faculty member shall have successfully  
17 completed a board-approved course in the application of pit and  
18 fissure sealants.

19 (2) By January 1, 2010, each faculty member shall have  
20 completed a board-approved course in instructional methodology  
21 of at least 30 hours, unless he or she holds any one of the following:  
22 a postgraduate degree in education, a Ryan Designated Subjects  
23 Vocational Education Teaching Credential, a Standard Designated  
24 Subjects Teaching Credential, or, a Community College Teaching  
25 Credential. Each faculty member employed on or after January 1,  
26 2010, shall complete a course in instructional methodology within  
27 six months of employment.

28 (3) The program director shall have teaching responsibilities  
29 that are less than those of a full-time faculty member. He or she  
30 shall actively participate in and be responsible for the day-to-day  
31 administration of the program including the following:

32 (A) Participating in budget preparation and fiscal administration,  
33 curriculum development and coordination, determination of  
34 teaching assignments, supervision and evaluation of faculty,  
35 establishment of mission criteria and procedures, design and  
36 operation of program facilities, and selection of extramural  
37 facilities and coordination of instruction in those facilities.

38 (B) Holding periodic faculty meetings to provide for subject  
39 matter correlation and curriculum evaluation, and coordinating  
40 activities of full-time, part-time, and volunteer faculty.

(C) Maintaining for not less than five ~~years~~ *years*' copies of minutes of all advisory committee meetings.

(4) The owner or school administrator shall be responsible for the compliance of the program director with the provisions of this section and Section 1755.

(d) The program shall have sufficient financial resources available to support the program and to comply with this section. If the program or school requires approval by any other governmental agency, that approval shall be obtained prior to application to the board for approval and shall be maintained at all times. The failure to maintain that approval shall result in the automatic withdrawal of board approval of the program.

(e) The program shall be of sufficient duration for the student to develop minimum competence in performing dental assistant and registered dental assistant duties, but in no event less than 800 hours, including at least 275 hours of didactic instruction, at least 260 hours of laboratory instruction, and at least 85 hours of preclinical and clinical instruction conducted in the program's facilities under the direct supervision of program faculty. No more than 180 hours of clinical instruction may be conducted at an externship site or extramural facility. ~~A program approved prior to January 1, 2009, shall comply with board regulations with regard to required program hours until the earlier of July 1, 2010, or the date on which the program certifies to the board that it will~~ *than 20 hours shall be devoted to instruction in clerical, administrative, practice management, or similar duties. A program approved prior to January 1, 2009, shall comply with board regulations with regard to required program hours until the date specified in the written certification from the program to the board that it will* begin teaching the duties that registered dental assistants will be authorized to perform on and after January 1, 2010.

*(f) In addition to the requirements of Section 1755 with regard to extramural instruction, no more than 25 percent of the required clinical instruction shall take place in extramural clinical facilities, and no more than 25 percent of extramural clinical instruction shall take place in a speciality dental practice.*

~~(f)~~

(g) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties that registered dental assistants



1 are authorized to perform. The following requirements are in  
2 addition to those contained in Section 1755:

3 (1) The following are minimum requirements for equipment  
4 and armamentaria: an X-ray unit and X-ray mannequin for every  
5 five students, an amalgamator, model trimmers in the ratio of at  
6 least one for every seven students, dental rotary equipment and  
7 vibrators in the ratio of at least one for every three students, one  
8 light curing device for every five students, one functional typodont  
9 and bench mount for every two students, one functional  
10 orthodontically banded or bonded typodont for every four students,  
11 two facebows, one automated blood pressure and respiration device  
12 for every seven students, one EKG machine, three pulse oximeters,  
13 one capnograph or simulated device, one set of hand instruments  
14 for each procedure for every two students, and all other equipment  
15 and armamentaria required to teach dental assistant and registered  
16 dental assistant duties.

17 (2) ~~One permanently preassembled tray for each procedure shall~~  
18 ~~be provided for reference purposes: armamentaria during~~  
19 ~~laboratory, preclinical, and clinical sessions as appropriate to~~  
20 ~~each type of session: amalgamator, model trimmers, dental rotary~~  
21 ~~equipment, vibrators, light curing devices, functional typodont~~  
22 ~~and bench mounts, functional orthodontically banded typodonts,~~  
23 ~~facebows, automated blood pressure device, EKG machine, pulse~~  
24 ~~oximeters, capnograph or simulated device, sets of hand~~  
25 ~~instruments for each procedure, respiration device, camera for~~  
26 ~~intraoral use, camera for extraoral use, CAD machine or simulated~~  
27 ~~device, caries detection device, and all other equipment and~~  
28 ~~armamentaria required to teach dental assistant and registered~~  
29 ~~dental assistant duties.~~

30 ~~(3)~~

31 (2) Provision shall be made for reasonable access to current and  
32 diverse dental and medical reference texts, current journals,  
33 audiovisual materials, and other necessary resources. Library  
34 holdings, which may include access through the Internet, shall  
35 ~~include materials on the following subjects: nutrition, oral health~~  
36 ~~education, preventive dentistry, dental materials, anesthesia and~~  
37 ~~pain control, oral anatomy, oral histology, oral physiology, oral~~  
38 ~~pathology, morphology, pharmacology, microbiology, chairside~~  
39 ~~assisting, legal and ethical aspects of dentistry, radiology and~~  
40 ~~radiation safety, sterilization and infection control, laboratory~~

1 ~~procedures, office emergency procedures, general dentistry, and~~  
2 ~~specialty dentistry including, but not limited to, endodontics, oral~~  
3 ~~and maxillofacial surgery, orthodontics, pediatric dentistry,~~  
4 ~~periodontics, and prosthodontics. include materials relating to all~~  
5 ~~subject areas of the program curriculum.~~

6 ~~(4)~~

7 (3) Emergency materials shall include, but not be limited to, an  
8 oxygen tank that is readily available and functional. Medical  
9 materials for treating patients with life-threatening conditions shall  
10 be available for instruction and accessible to the operatories.  
11 Facilities that do not treat patients shall maintain a working model  
12 of a kit of such emergency materials for instructional purposes.

13 ~~(g) The organization of the curriculum shall be balanced and~~  
14 ~~flexible, creating opportunities for adjustments to changes in the~~  
15 ~~practice of dentistry and registered dental assisting. Programs that~~  
16 ~~admit students at different phases shall provide students with an~~  
17 ~~orientation that shall be successfully completed prior to~~  
18 ~~participation in any other phase of the program and that shall~~  
19 ~~include tooth anatomy, tooth numbering, and universal precautions,~~  
20 ~~including instrument sterilization and infection control protocols~~  
21 ~~associated with patient treatment.~~

22 ~~(h) In addition to the requirements of Section 1755 with regard~~  
23 ~~to extramural instruction, no more than 180 hours of the required~~  
24 ~~clinical instruction shall take place in extramural clinical facilities,~~  
25 ~~and no more than 25 percent of extramural clinical instruction shall~~  
26 ~~take place in a specialty dental practice.~~

27 ~~(h) The curriculum shall be established, reviewed, and amended~~  
28 ~~as necessary to allow for changes in the practice of dentistry and~~  
29 ~~registered dental assisting. Programs that admit students in phases~~  
30 ~~shall provide students with basic instruction prior to participation~~  
31 ~~in any other portion of the program that shall, at a minimum,~~  
32 ~~include tooth anatomy, tooth numbering, general program~~  
33 ~~guidelines and safety precautions, and infection control and~~  
34 ~~sterilization protocols associated with and required for patient~~  
35 ~~treatment. All programs shall provide students with additional~~  
36 ~~instruction in the infection control regulations and guidelines of~~  
37 ~~the board and Cal-DOSH prior to the student's performance of~~  
38 ~~procedures on patients.~~

39 (i) (1) A program approved prior to January 1, 2009, shall  
40 comply with board regulations with regard to program content

1 until the date that it certifies to the board that it will begin teaching  
2 all of the duties that registered dental assistants will be allowed to  
3 perform beginning January 1, 2010 specified in the written  
4 certification from the program to the board, as specified in  
5 subparagraph (B) of paragraph (1) of subdivision (a), after which  
6 time the program content shall meet the requirements of paragraph  
7 (2).

8 (2) Programs receiving initial approval on or after January 1,  
9 2009, shall meet all the requirements of Section 1755, and  
10 subdivisions (j) and (k) of this section, and shall include the  
11 following additional content:

12 (A) A radiation safety course that meets all of the requirements  
13 of the regulations of the board.

14 (B) A coronal polishing course that meets all of the requirements  
15 of the regulations of the board.

16 (C) A pit and fissure sealant course that meets all of the  
17 requirements of the regulations of the board.

18 (D) A course in basic life support provided by an instructor  
19 approved by the American Red Cross or the American Heart  
20 Association.

21 (3) On and after January 1, 2009, a program that desires to  
22 provide instruction in the following areas shall apply separately  
23 for approval to provide the following courses:

24 (A) A course in the removal of excess cement with an ultrasonic  
25 scaler, which course shall meet the requirements of the regulations  
26 of the board.

27 (B) A orthodontic assistant-permit holder permit course that shall  
28 meet the requirements of Section 1756.1, except that a program  
29 shall not be required to obtain separate approval to teach the duties  
30 of placing ligature ties and archwires, removing orthodontic bands,  
31 and removing excess cement from surfaces of teeth with a hand  
32 instrument. *Notwithstanding Section 1756.1, an orthodontic*  
33 *assistant permit course provided by a registered dental assistant*  
34 *program, to the students enrolled in such program, shall be no*  
35 *less than 60 hours, including at least 12 hours of didactic*  
36 *instruction, at least 26 hours of preclinical instruction, and at least*  
37 *22 hours of clinical instruction.*

38 (C) A dental sedation assistant-permit holder permit course that  
39 shall meet the requirements of Section 1756.2.

(j) General didactic instruction shall include, at a minimum, the following:

(1) Principles of general anatomy, physiology, oral embryology, tooth histology, and head-neck anatomy.

(2) Principles of abnormal conditions related to and including oral pathology, orthodontics, periodontics, endodontics, ~~pedodontics~~ *pediatric dentistry*, oral surgery, prosthodontics, and esthetic dentistry.

(3) Legal requirements and ethics related to scope of practice, unprofessional conduct, and, patient records and confidentiality.

(4) Principles of infection control and hazardous communication requirements in compliance with the board's regulations and other federal, state, and local requirements.

(5) Principles and federal, state, and local requirements related to pharmacology.

(6) Principles of medical-dental emergencies and first aid management, including symptoms and treatment.

(7) Principles of the treatment planning process including medical health history data collection, patient and staff confidentiality, and charting.

(8) Principles of record classifications including management, storage, and retention protocol for all dental records.

(9) Principles and protocols of special needs patient management.

(10) Principles, protocols, and armamentaria associated with all dental assisting chairside procedures.

(11) Principles, protocols, manipulation, use, and armamentaria for dental materials.

(12) Principles and protocols for oral hygiene preventative methods including, plaque identification, toothbrushing and flossing techniques, and nutrition.

(13) Principles, protocols, armamentaria, and procedures associated with operative and specialty dentistry.

(14) Principles, protocols, armamentaria, and procedures for each duty that ~~unlicensed~~ dental assistants and registered dental assistants are allowed to perform.

(k) Laboratory and clinical instruction shall be of sufficient duration and content for each student to achieve minimum competence in the performance of each procedure that ~~an~~

1 ~~unlicensed dental assistant and registered dental assistant is~~  
2 ~~authorized to perform.~~

3 (I) Each student shall pass a written examination that reflects  
4 the curriculum content, which may be administered at intervals  
5 throughout the course as determined by the course director.

6 *(m) This section shall remain in effect only until January 1,*  
7 *2011, and as of that date is repealed, unless a later enacted statute,*  
8 *that is enacted before January 1, 2011, deletes or extends that*  
9 *date.*

10 ~~SEC. 37. Section 1757.1 is added to the Business and~~  
11 ~~Professions Code, to read:~~

12 ~~1757.1. Notwithstanding Section 1755, the following criteria~~  
13 ~~shall be met for a course in instructional methodology, as specified~~  
14 ~~in subdivision (c) of Section 1757, to secure and maintain approval~~  
15 ~~by the board:~~

16 ~~(a) The course shall be established at the postsecondary~~  
17 ~~educational level.~~

18 ~~(b) (1) The course director and each faculty member shall have~~  
19 ~~the education or teaching experience necessary to teach~~  
20 ~~instructional methodology. Possession of a teaching credential~~  
21 ~~shall satisfy this requirement.~~

22 ~~(2) The course director shall have the education, background,~~  
23 ~~and occupational experience necessary to understand and fulfill~~  
24 ~~the course goals. The course director shall actively participate in~~  
25 ~~and be responsible for the day-to-day administration of the course~~  
26 ~~including the following:~~

27 ~~(A) Conducting student assessments.~~

28 ~~(B) Maintaining for a period of not less than five years all of~~  
29 ~~the following:~~

30 ~~(1) Copies of curricula, course outlines, objectives, and grading~~  
31 ~~criteria.~~

32 ~~(2) Copies of faculty credentials, licenses, and certifications~~  
33 ~~where applicable.~~

34 ~~(3) Individual student records, including those necessary to~~  
35 ~~establish satisfactory completion of the course.~~

36 ~~(C) Informing the committee of any major change to the course~~  
37 ~~content or faculty within 10 days of the change.~~

38 ~~(c) The course shall be of sufficient duration for the student to~~  
39 ~~develop minimum competence in teaching methodology, but in~~  
40 ~~no event less than 30 hours.~~

1     ~~(d) A certificate or other evidence of completion shall be issued~~  
2     ~~to each student who successfully completes the course.~~

3     ~~(e) (1) Curriculum shall include content designed to prepare~~  
4     ~~the student to teach effectively in an approved program utilizing~~  
5     ~~a variety of teaching methodologies and learning styles.~~

6     ~~(2) A detailed course outline shall be provided to the committee~~  
7     ~~that clearly states curriculum subject matter and specific instruction~~  
8     ~~hours in the individual content areas and student assessment.~~

9     ~~(3) General program objectives and specific instructional unit~~  
10    ~~objectives shall be stated in writing and shall include the theoretical~~  
11    ~~and practical aspects of each subject. The theoretical aspects of~~  
12    ~~the course shall provide the content necessary for students to make~~  
13    ~~judgments regarding teaching methodology in vocational education.~~

14    ~~(4) Objective evaluation criteria shall be used for measuring~~  
15    ~~student progress toward attainment of specific course objectives.~~  
16    ~~Students shall be provided with specific unit objectives and~~  
17    ~~evaluation criteria to be used for all aspects of the curriculum.~~

18    ~~(f) Areas of instruction shall include at least the following as~~  
19    ~~they relate to teaching methodology strategies:~~

20    ~~(1) Introduction to the classroom environment: principles and~~  
21    ~~key concepts of effective communication, group dynamics, conflict~~  
22    ~~resolution, occupational safety, and cultural pluralism.~~

23    ~~(2) (A) Development of generalized program goals; objectives;~~  
24    ~~course outlines; specific instructional objectives to include,~~  
25    ~~cognitive, psychomotor, and affective; and a lesson plan~~  
26    ~~development.~~

27    ~~(B) Identification of teaching modes and teaching medias, to~~  
28    ~~include, at a minimum, lecture, small groups, demonstrations,~~  
29    ~~laboratory and clinical practice, computerized learning, and~~  
30    ~~individual teaching.~~

31    ~~(C) Development of written assessment and evaluation measures,~~  
32    ~~to include, at a minimum, multiple choice, true or false, matching,~~  
33    ~~completion, and essay testing writing.~~

34    ~~(D) Development of performance assessment and evaluation~~  
35    ~~measures, to include, at a minimum, criteria for process and product~~  
36    ~~evaluation, minimum number of satisfactory performances for~~  
37    ~~psychomotor skills, and process and product evaluation forms.~~

38    ~~(E) Development of student self-study assessment instruments.~~

1 ~~(g) Upon completion of the course, each student shall pass a~~  
2 ~~written examination that reflects the curriculum content either~~  
3 ~~through a comprehensive format or modular unit examination.~~

4 ~~SEC. 38.~~

5 SEC. 37. Section 1758 is added to the Business and Professions  
6 Code, to read:

7 1758. (a) In addition to the requirements of Section 1755, the  
8 following criteria shall be met by an educational program for  
9 registered dental assistants in extended functions (RDAEF) to  
10 secure and maintain approval by the board. *A program approved*  
11 *prior to January 1, 2009, shall comply with board regulations with*  
12 *regard to program content until the date specified in a written*  
13 *certification from the program to the board that it will begin*  
14 *teaching the duties that RDAEFs will be allowed to perform*  
15 *beginning January 1, 2010, which may include the instruction of*  
16 *existing RDAEFs in the additional duties specified in Section*  
17 *1753.6. The certification shall be filed with the board no later than*  
18 *July 1, 2009, and the date on which the program shall comply with*  
19 *the program content specified in this section shall be no later than*  
20 *January 1, 2010.*

21 (1) A program applying for approval to teach all of the duties  
22 specified in Section ~~1753~~ 1753.5 shall comply with all of the  
23 requirements of this section. The board may approve RDAEF  
24 programs ~~referred to in Section 1753~~ prior to January 1, 2010, and  
25 recognize the completion of these approved programs by students  
26 prior to January 1, 2010, but shall not issue a license to students  
27 graduating from such programs until on or after January 1, 2010.

28 (2) A program applying for approval to teach existing RDAEFs  
29 the additional duties specified in Section 1753.6 shall comply with  
30 all of the requirements of this section, except as follows:

31 (A) The program shall be no less than 288 hours, including at  
32 least 76 hours of didactic instruction, at least 180 hours of  
33 laboratory instruction, and at least 32 hours of clinical instruction.

34 (B) Students shall not be required to complete instruction related  
35 to the placement of gingival retraction cord, the taking of final  
36 impressions for permanent indirect restorations, or the fitting of  
37 master and accessory points.

38 (b) In order to be admitted to the program, each student shall  
39 possess a valid, active, and current license as a registered dental  
40 assistant issued by the board and shall provide evidence of

1 successful completion of a board-approved pit and fissure sealant  
2 course.

3 (c) Adequate provision for the supervision and operation of the  
4 program shall be made. Notwithstanding the requirements of  
5 Section 1755, the program director and each faculty member of  
6 an approved RDAEF program shall possess a valid, active, and  
7 current license as a dentist or an RDAEF. In addition to the  
8 requirements of Section 1755, all faculty members responsible for  
9 clinical evaluation shall have completed a six-hour teaching  
10 methodology course in clinical evaluation *prior to conducting*  
11 *clinical evaluations of students*.

12 (d) The program shall be of sufficient duration for the student  
13 to develop minimum competence in all of the duties that RDAEFs  
14 are authorized to perform, but in no event less than 380 hours,  
15 including at least 100 hours of didactic instruction, at least 200  
16 hours of laboratory instruction, and at least 80 hours of clinical  
17 instruction. All instruction shall be provided under the direct  
18 supervision of program staff.

19 (e) The following requirements are in addition to the  
20 requirements of Section 1755:

21 (1) The following are minimum requirements for equipment  
22 and armamentaria:

23 (A) Laboratory facilities with individual seating stations for  
24 each student and equipped with air, gas and air, or electric driven  
25 rotary instrumentation capability. Each station or operatory shall  
26 allow an articulated typodont to be mounted in a simulated head  
27 position.

28 (B) Clinical simulation facilities that provide simulated patient  
29 heads mounted in appropriate position and accommodating an  
30 articulated typodont in an enclosed intraoral environment, or  
31 mounted on a dental chair in a dental operatory. Clinical simulation  
32 spaces shall be sufficient to permit one simulation space for each  
33 two students at any one time.

34 (C) Articulated typodonts of both deciduous and permanent  
35 dentitions with flexible gingival tissues and with prepared teeth  
36 for each procedure to be performed in the laboratory and clinical  
37 simulation settings. One of each type of typodont is required for  
38 each student.

39 (D) A selection of restorative instruments and adjunct materials  
40 for all procedures that RDAEFs are authorized to perform.



(2) Notwithstanding Section 1755, there shall be at least one operator for every two students who are simultaneously engaged in clinical instruction.

(f) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (g) to (m), inclusive. In addition to the requirements of those subdivisions, didactic instruction shall include the following:

(1) The following instruction as it relates to each of the procedures that RDAEFs are authorized to perform: restorative and prosthetic treatment review; charting; patient education; legal requirements; indications and contraindications; problem solving techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection control protocol implementation.

(2) Dental science, including dental and oral anatomy, histology, oral pathology, normal or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic microbiology relating to infection control, and occlusion.

(3) Characteristics and manipulation of dental materials related to each procedure.

(4) Armamentaria for all procedures.

(5) Principles, techniques, criteria, and evaluation for performing each procedure, including implementation of infection control protocols.

(6) Occlusion: the review of articulation of maxillary and mandibular arches in maximum intercuspation.

(7) Tooth isolation and matrix methodology review.

(g) General laboratory instruction shall include:

(1) Rubber dam application for tooth isolation in both maxillary and mandibular arches and for deciduous and permanent dentitions. A minimum of four experiences per arch is required, with two anterior and two posterior applications, with one of the applications used for a practical examination.

(2) Matrix placement for amalgam, and nonmetallic restorative material restorations in both primary and permanent dentitions, with three experiences for each cavity classification and for each material.

(3) Base, liner, and etchant placement on three posterior teeth for each base, liner, or etchant, with one of the three teeth used for a practical examination.

- 1 (h) ~~Preliminary~~ *With respect to preliminary* evaluation of the  
2 patient's oral health, including, but not limited to, charting,  
3 intraoral and extraoral evaluation of soft tissue, classifying  
4 occlusion, and myofunctional evaluation:-  
5 (1) Didactic instruction shall include the following:  
6 (A) Normal anatomical structures: oral cavity proper, vestibule,  
7 and lips.  
8 (B) Deviations from normal to hard tissue abnormalities to soft  
9 tissue abnormalities.  
10 (C) Overview of classifications of occlusion and myofunction.  
11 (D) Sequence of oral inspection: armamentaria, general patient  
12 assessment, review of medical history form, review of dental  
13 history form, oral cavity mouth-mirror inspection, and charting  
14 existing conditions.  
15 (2) Preclinical instruction shall include performing an oral  
16 inspection on at least two other students.  
17 (3) Clinical instruction shall include performing an oral  
18 inspection on at least two patients, with one of the two patients  
19 used for a clinical examination.  
20 (i) ~~(+)~~ *With respect to sizing, fitting, and cementing endodontic*  
21 *master points and accessory points, didactic points:*  
22 (1) *Didactic* instruction shall include the following:  
23 (A) Review of objectives, canal preparation, filling of root canal  
24 space.  
25 (B) Description and goals of filling technique using lateral  
26 condensation techniques.  
27 (C) Principles and techniques of fitting, cementing master and  
28 accessory points using lateral condensation including,  
29 characteristics, manipulation, use of gutta percha and related  
30 materials, and criteria for an acceptable master and accessory points  
31 technique using lateral condensation.  
32 (2) Laboratory instruction shall include fitting master and  
33 cementing cones on extracted teeth or assimilated teeth with canals,  
34 with two experiences each on a posterior and anterior tooth.  
35 (j) With respect to gingival retraction, general instruction shall  
36 include:  
37 (1) Review of characteristics of tissue management as it relates  
38 to gingival retraction with cord and electrosurgery.  
39 (2) Description and goals of cord retraction.

(3) Principles of cord retraction, including characteristics and manipulation of epinephrine, chemical salts classification of cord, characteristics of single versus double cord technique, and techniques and criteria for an acceptable cord retraction technique.

(k) ~~(1)~~ With respect to final impressions for permanent indirect and tooth-borne restorations, ~~didactic~~ *restorations*:

(1) *Didactic* instruction shall include the following:

(A) Review of characteristics of impression material and custom.

(B) Description and goals of impression taking for permanent indirect restorations and tooth-borne prosthesis.

(C) Principles, techniques, criteria, and evaluation of impression taking for permanent indirect restorations and tooth-borne prosthesis.

(2) Laboratory instruction shall include the following:

(A) Cord retraction and final impressions for permanent indirect restorations, including impression taking of prepared teeth in maxillary and mandibular arches, one time per arch with elastomeric impression materials.

(B) Impressions for tooth-borne removable prostheses, including taking a total of four impressions on maxillary and mandibular arches with simulated edentulous sites and rest preparations on at least two supporting teeth in each arch.

(3) Clinical instruction shall include taking final impressions on five cord retraction patients, with one used for a clinical examination.

(l) ~~(1)~~ With respect to placing, contouring, finishing, and adjusting direct restorations, ~~didactic~~ *restorations*:

(1) *Didactic* instruction shall include the following:

(A) Review of cavity preparation factors and restorative material.

(B) Review of cavity liner, sedative, and insulating bases.

(C) Characteristics and manipulation of direct filling materials.

(D) Amalgam restoration placement, carving, adjusting and finishing, which includes principles, techniques, criteria and evaluation, and description and goals of amalgam placement, adjusting and finishing in children and adults.

(E) Glass-ionomer restoration placement, carving, adjusting, contouring and finishing, which includes, principles, techniques, criteria and evaluation, and description and goals of glass-ionomer placement and contouring in children and adults.

1 (F) Composite restoration placement, carving, adjusting,  
2 contouring and finishing in all cavity classifications, which  
3 includes, principles, techniques, criteria, and evaluation.

4 (2) Laboratory instruction shall include typondont experience  
5 on the following:

6 (A) Placement of Class I, II, and V amalgam restorations in  
7 eight prepared permanent teeth for each classification, and in four  
8 deciduous teeth for each classification.

9 (B) Placement of Class I, II, III, and V composite resin  
10 restorations in eight prepared permanent teeth for each  
11 classification, and in four deciduous teeth for each classification.

12 (C) Placement of Class I, II, III, and V glass-ionomer  
13 restorations in four prepared permanent teeth for each classification,  
14 and in four deciduous teeth for each classification.

15 (3) Clinical simulation and clinical instruction shall include  
16 experience with typodonts mounted in simulated heads on a dental  
17 chair or in a simulation laboratory as follows:

18 (A) Placement of Class I, II, and V amalgam restorations in four  
19 prepared permanent teeth for each classification, with one of each  
20 classification used for a clinical examination.

21 (B) Placement of Class I, II, III, and V composite resin  
22 restorations in four prepared permanent teeth for each classification,  
23 with one of each classification used for a clinical examination.

24 (C) Placement of Class I, II, III, and V glass-ionomer  
25 restorations in four prepared permanent teeth for each classification,  
26 with one of each classification used for a clinical examination.

27 (m) ~~(1)~~—With respect to adjusting and cementing permanent  
28 indirect restorations, ~~didactic restorations~~:

29 (1) *Didactic* instruction shall include the following:

30 (A) Review of fixed prosthodontics related to classification and  
31 materials for permanent indirect restorations, general crown  
32 preparation for permanent indirect restorations, and laboratory  
33 fabrication of permanent indirect restorations.

34 (B) Interocclusal registrations for fixed prosthesis, including  
35 principles, techniques, criteria, and evaluation.

36 (C) Permanent indirect restoration placement, adjustment, and  
37 cementation, including principles, techniques, criteria, and  
38 evaluation.

39 (2) Laboratory instruction shall include:

1 (A) Interocclusal registrations using elastomeric and resin  
2 materials. Two experiences with each material are required.

3 (B) Fitting, adjustment, and cementation of permanent indirect  
4 restorations on one anterior and one posterior tooth for each of the  
5 following materials, with one of each type used for a practical  
6 examination: ceramic, ceramometal, and cast metallic.

7 (3) Clinical experience for interocclusal registrations shall be  
8 performed on four patients who are concurrently having final  
9 impressions recorded for permanent indirect restorations, with one  
10 experience used for a clinical examination.

11 (n) Each student shall pass a written examination that reflects  
12 the curriculum content, which may be administered at intervals  
13 throughout the course as determined by the course director.

14 (o) *This section shall remain in effect only until January 1, 2011,*  
15 *and as of that date is repealed, unless a later enacted statute, that*  
16 *is enacted before January 1, 2011, deletes or extends that date.*

17 SEC. 39. *Section 1765 of the Business and Professions Code*  
18 *is amended to read:*

19 1765. No person other than a licensed dental hygienist or a  
20 licensed dentist may engage in the practice of dental hygiene or  
21 perform dental hygiene procedures on patients, including, but not  
22 limited to, supragingival and subgingival scaling, dental hygiene  
23 assessment, and treatment planning, except for the following  
24 persons:

25 (a) A student enrolled in a dental or a dental hygiene school  
26 who is performing procedures as part of the regular curriculum of  
27 that program under the supervision of the faculty of that program.

28 (b) A dental assistant, *registered dental assistant, or registered*  
29 *dental assistant in extended functions* acting in accordance with  
30 ~~the rules of the board in performing the following procedures:~~  
31 ~~provisions of this chapter.~~

32 ~~(1) Applying nonaerosol and noncaustic topical agents.~~

33 ~~(2) Applying topical fluoride.~~

34 ~~(3) Taking impression for bleaching trays.~~

35 ~~(c) A registered dental assistant acting in accordance with the~~  
36 ~~rules of the board in performing the following procedures:~~

37 ~~(1) Polishing the coronal surfaces of teeth.~~

38 ~~(2) Applying bleaching agents.~~

39 ~~(3) Activating bleaching agents with a nonlaser light-curing~~  
40 ~~device.~~

1 ~~(d) A registered dental assistant in extended functions acting in~~  
2 ~~accordance with the rules of the board in applying pit and fissure~~  
3 ~~sealants.~~

4 ~~(e)~~

5 (c) A registered dental hygienist, *registered dental hygienist in*  
6 *alternative practice, or registered dental hygienist in extended*  
7 *functions* licensed in another jurisdiction performing a clinical  
8 demonstration for educational purposes.

9 ~~SEC. 39.~~

10 *SEC. 40.* Section 1770 of the Business and Professions Code,  
11 as amended by Section 25 of Chapter 588 of the Statutes of 2007,  
12 is amended and renumbered to read:

13 1753.7. (a) A licensed dentist may simultaneously utilize in  
14 his or her practice no more than two dental auxiliaries in extended  
15 functions licensed pursuant to Sections 1753.1 and 1768.

16 (b) This section shall remain in effect only until January 1, 2010,  
17 and as of that date is repealed, unless a later enacted statute, that  
18 is enacted before January 1, 2010, deletes or extends that date.

19 ~~SEC. 40.~~

20 *SEC. 41.* Section 1770 of the Business and Professions Code,  
21 as amended by Section 26 of Chapter 588 of the Statutes of 2007,  
22 is amended and renumbered to read:

23 1753.7. (a) A licensed dentist may simultaneously utilize in  
24 his or her practice no more than three registered dental assistants  
25 in extended functions licensed pursuant to Section 1753.

26 (b) This section shall become operative on January 1, 2010.

27 *SEC. 42. Section 1771 of the Business and Professions Code*  
28 *is amended to read:*

29 1771. Any person, other than a person who has been issued a  
30 license *or permit* by the board, who holds himself or herself out  
31 as a registered dental assistant, ~~registered dental assistant in~~  
32 ~~extended functions, registered dental hygienist, registered dental~~  
33 ~~hygienist in extended functions, or registered dental hygienist in~~  
34 ~~alternative practice~~ *orthodontic assistant permitholder, dental*  
35 *sedation assistant permitholder, or registered dental assistant in*  
36 *extended functions*, or uses any other term indicating or implying  
37 he or she is licensed *or permitted* by the board ~~in the~~  
38 ~~aforementioned categories~~ *as such*, is guilty of a misdemeanor.

39 *SEC. 43. Section 1777 of the Business and Professions Code*  
40 *is amended to read:*

1 1777. While employed by or practicing in a primary care clinic  
2 or specialty clinic licensed pursuant to Section 1204 of the Health  
3 and Safety Code, in a primary care clinic exempt from licensure  
4 pursuant to subdivision (c) of Section 1206 of the Health and Safety  
5 Code, or a clinic owned and operated by a hospital that maintains  
6 the primary contract with a county government to fill the county's  
7 role under Section 17000 of the Welfare and Institutions Code, ~~a~~  
8 *the following shall apply:*

9 (a) *A dental assistant, registered dental assistant, or registered*  
10 *dental assistant in extended functions may perform any extraoral*  
11 *duty under the direct supervision of a registered dental hygienist*  
12 *or registered dental hygienist in alternative practice.*

13 (b) *A registered dental assistant or a registered dental assistant*  
14 *in extended functions may perform the following procedures under*  
15 *the direct supervision of a registered dental hygienist or a registered*  
16 *dental hygienist in alternative practice, pursuant to subdivision (b)*  
17 *of Section 1763:*

18 ~~(a)~~

19 ~~(1) Coronal polishing, after providing evidence to the board of~~  
20 ~~having completed a board-approved course in that procedure.~~

21 ~~(b)~~

22 (2) Application of topical fluoride.

23 ~~(c)~~

24 (3) Application of sealants, after providing evidence to the board  
25 of having completed a board-approved course in that procedure.

26 SEC. 44. *No reimbursement is required by this act pursuant*  
27 *to Section 6 of Article XIII B of the California Constitution because*  
28 *the only costs that may be incurred by a local agency or school*  
29 *district will be incurred because this act creates a new crime or*  
30 *infraction, eliminates a crime or infraction, or changes the penalty*  
31 *for a crime or infraction, within the meaning of Section 17556 of*  
32 *the Government Code, or changes the definition of a crime within*  
33 *the meaning of Section 6 of Article XIII B of the California*  
34 *Constitution.*

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 2649  
**Author:** Ma  
**Bill Date:** June 16, 2008, amended  
**Subject:** Medical Assistants: authorized services  
**Sponsor:** Author

**STATUS OF BILL:**

This bill is currently on the Assembly Floor for concurrence.

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill would specify that the provisions that allow a medical assistant to perform services relating to the administration of medication and performance of skin tests and simple routine medical tasks under the supervision of a physician do not authorize a medical assistant to trim the nails of, or debride in an manner using a scalpel, paring instrument, or other object the corns, bunions, or callus of, a patient who is diabetic or suffers from any form of circulatory disorder affecting the extremities.

**ANALYSIS:**

Current law authorizes a medical assistant to perform specified services relating to administration of medication and performance of skin tests and simple routine tasks and procedures under the supervision of a physician. Regulations allow medical assistants to cut the nails of an otherwise health person (Code of regulations Section 1366(b)(12)).

This bill would specify that these provisions do not authorize a medical assistant to trim the nails of, or debride in any manner using a scalpel, paring instrument, or other object the corns, bunions, or callus of, a patient who is diabetic or suffers from any form of circulatory disorder affecting the extremities.

This appears to clarify existing laws and regulations, although it may be unnecessary.

**FISCAL:** None

**POSITION:** Neutral

July 15, 2008



AMENDED IN SENATE JUNE 16, 2008

AMENDED IN SENATE MAY 29, 2008

AMENDED IN ASSEMBLY MARCH 24, 2008

CALIFORNIA LEGISLATURE—2007—08 REGULAR SESSION

## **ASSEMBLY BILL**

**No. 2649**

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**Introduced by Assembly Member Ma**

February 22, 2008

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An act to amend Section 2069 of the Business and Professions Code, relating to healing arts.

### LEGISLATIVE COUNSEL'S DIGEST

AB 2649, as amended, Ma. Medical assistants: authorized services.

Existing law authorizes a medical assistant to perform specified services relating to administration of medication and performance of skin tests and simple routine medical tasks and procedures upon specific authorization from and under the supervision of a licensed physician and surgeon or podiatrist, or a physician and surgeon or podiatrist group or corporation.

This bill would specify that these provisions do not authorize a medical assistant to trim the nails of, or debride in any manner, using a scalpel, paring instrument, or other object, the corns, bunions, or callus of, any patient who is diabetic or suffers from any form of circulatory disorder affecting the extremities. ~~The bill would also specify that these provisions do not authorize a medical assistant to perform a procedure that is not specifically prohibited.~~

Vote: majority. Appropriation: no. Fiscal committee: no.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

SECTION 1. Section 2069 of the Business and Professions Code is amended to read:

2069. (a) (1) Notwithstanding any other provision of law, a medical assistant may administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon or a licensed podiatrist. A medical assistant may also perform all these tasks and services in a clinic licensed pursuant to subdivision (a) of Section 1204 of the Health and Safety Code upon the specific authorization of a physician assistant, a nurse practitioner, or a nurse-midwife.

(2) The supervising physician and surgeon at a clinic described in paragraph (1) may, at his or her discretion, in consultation with the nurse practitioner, nurse-midwife, or physician assistant provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. These written instructions may provide that the supervisory function for the medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, nurse-midwife, or physician assistant within the standardized procedures or protocol, and that tasks may be performed when the supervising physician and surgeon is not onsite, so long as the following apply:

(A) The nurse practitioner or nurse-midwife is functioning pursuant to standardized procedures, as defined by Section 2725, or protocol. The standardized procedures or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner or nurse-midwife, and the facility administrator or his or her designee.

(B) The physician assistant is functioning pursuant to regulated services defined in Section 3502 and is approved to do so by the supervising physician and surgeon.

(b) As used in this section and Sections 2070 and 2071, the following definitions shall apply:

(1) "Medical assistant" means a person who may be unlicensed, who performs basic administrative, clerical, and technical supportive services in compliance with this section and Section 2070 for a licensed physician and surgeon or a licensed podiatrist,

1 or group thereof, for a medical or podiatry corporation, for a  
2 physician assistant, a nurse practitioner, or a nurse-midwife as  
3 provided in subdivision (a), or for a health care service plan, who  
4 is at least 18 years of age, and who has had at least the minimum  
5 amount of hours of appropriate training pursuant to standards  
6 established by the Division of Licensing. The medical assistant  
7 shall be issued a certificate by the training institution or instructor  
8 indicating satisfactory completion of the required training. A copy  
9 of the certificate shall be retained as a record by each employer of  
10 the medical assistant.

11 (2) "Specific authorization" means a specific written order  
12 prepared by the supervising physician and surgeon or the  
13 supervising podiatrist, or the physician assistant, the nurse  
14 practitioner, or the nurse-midwife as provided in subdivision (a),  
15 authorizing the procedures to be performed on a patient, which  
16 shall be placed in the patient's medical record, or a standing order  
17 prepared by the supervising physician and surgeon or the  
18 supervising podiatrist, or the physician assistant, the nurse  
19 practitioner, or the nurse-midwife as provided in subdivision (a),  
20 authorizing the procedures to be performed, the duration of which  
21 shall be consistent with accepted medical practice. A notation of  
22 the standing order shall be placed on the patient's medical record.

23 (3) "Supervision" means the supervision of procedures  
24 authorized by this section by the following practitioners, within  
25 the scope of their respective practices, who shall be physically  
26 present in the treatment facility during the performance of those  
27 procedures:

28 (A) A licensed physician and surgeon.

29 (B) A licensed podiatrist.

30 (C) A physician assistant, nurse practitioner, or nurse-midwife  
31 as provided in subdivision (a).

32 (4) "Technical supportive services" means simple routine  
33 medical tasks and procedures that may be safely performed by a  
34 medical assistant who has limited training and who functions under  
35 the supervision of a licensed physician and surgeon or a licensed  
36 podiatrist, or a physician assistant, a nurse practitioner, or a  
37 nurse-midwife as provided in subdivision (a).

38 (c) Nothing in this section shall be construed as authorizing the  
39 licensure of medical assistants. Nothing in this section shall be  
40 construed as authorizing the administration of local anesthetic

1 agents by a medical assistant. Nothing in this section shall be  
2 construed as authorizing the division to adopt any regulations that  
3 violate the prohibitions on diagnosis or treatment in Section 2052.

4 (d) Notwithstanding any other provision of law, a medical  
5 assistant may not be employed for inpatient care in a licensed  
6 general acute care hospital as defined in subdivision (a) of Section  
7 1250 of the Health and Safety Code.

8 (e) Nothing in this section shall be construed as authorizing a  
9 medical assistant to perform any clinical laboratory test or  
10 examination for which he or she is not authorized by Chapter 3  
11 (commencing with Section 1206.5). Nothing in this section shall  
12 be construed as authorizing a nurse practitioner, nurse-midwife,  
13 or physician assistant to be a laboratory director of a clinical  
14 laboratory, as those terms are defined in paragraph (7) of  
15 subdivision (a) of Section 1206 and subdivision (a) of Section  
16 1209.

17 (f) Nothing in this section shall be construed as authorizing a  
18 medical assistant to trim the nails of, or debride in any manner,  
19 using a scalpel, paring instrument, or other object, the corns,  
20 bunions, or callus of, any patient who is diabetic or suffers from  
21 any form of circulatory disorder affecting the extremities.

22 ~~(g) Nothing in this section shall be construed as authorizing a~~  
23 ~~medical assistant to perform a procedure because the procedure is~~  
24 ~~not specifically prohibited by this section.~~

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 2747  
**Author:** Berg  
**Bill Date:** July 2, 2008, amended  
**Subject:** End-of-Life Care  
**Sponsor:** Author

**STATUS OF BILL:**

This bill is currently on the Senate Floor.

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill would require that when an attending physician makes a diagnosis that a patient has a terminal illness the physician must provide the patient an opportunity to receive information and counseling regarding all legal end-of-life care options if the patient requests the information.

**ANALYSIS:**

Information and counseling regarding end-of-life care options are essential for many terminally ill patients and their families. Patients need to know how to weigh all of their options and make informed decisions. It gives the physician an opportunity to discuss the benefits and disadvantages of all available treatments and it can facilitate earlier access to hospice care.

AB 2747 requires attending physicians who diagnose a patient as terminally ill to provide the patient an opportunity to receive information and counseling regarding end-of-life care. It appears this “opportunity” applies if the patient requests the information. If physicians do not wish to comply with the patient’s choice of end-of-life options, they must refer the patients to another health care provider or provide them with information on procedures to transfer to another provider.

This bill was amended to specify that, in providing patients with opportunities to receive information, health care providers may utilize information from organizations specializing in end-of-life care that provide information on fact sheets and Internet Web sites. The bill was also amended to state that counseling may include, but not be limited to, discussions about the outcomes on the patient and his or her family, based on the interest of the patient. These discussions may occur over a series of meetings with the

health care provider or others who may be providing the counseling based on the patient's needs.

**FISCAL:**               None

**POSITION:**           Neutral

July 15, 2008

AMENDED IN SENATE JULY 2, 2008  
AMENDED IN ASSEMBLY MAY 15, 2008  
AMENDED IN ASSEMBLY APRIL 24, 2008  
AMENDED IN ASSEMBLY APRIL 7, 2008  
AMENDED IN ASSEMBLY MARCH 25, 2008  
CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

**ASSEMBLY BILL**

**No. 2747**

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**Introduced by Assembly Members Berg and Levine  
(Coauthors: Assembly Members Bass, Jones, Mullin, Salas, Torrico,  
and Wolk)**

February 22, 2008

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An act to add Part 1.8 (commencing with Section 442) to Division 1 of the Health and Safety Code, relating to end-of-life care.

LEGISLATIVE COUNSEL'S DIGEST

AB 2747, as amended, Berg. End-of-life care.

Existing law provides for the licensure and regulation of health facilities and hospices by the State Department of Public Health. Existing law provides for the regulation and licensing of physicians and surgeons by the Medical Board of California.

This bill would provide that when a health care provider, as defined, makes a diagnosis that a patient has a terminal illness ~~or makes a prognosis that a patient has less than one year to live~~, the health care provider shall, upon the patient's request, provide the patient with information and counseling regarding legal end-of-life options, as specified, and provide for the referral or transfer of a patient if the

patient's health care provider does not wish to comply with the patient's ~~choice of~~ *request for information on* end-of-life options.

Vote: majority. Appropriation: no. Fiscal committee: no.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. The Legislature finds and declares all of the  
2 following:

3 (a) Palliative and hospice care are invaluable resources for  
4 terminally ill Californians in need of comfort and support at the  
5 end of life.

6 (b) Palliative care and conventional medical treatment *for*  
7 *terminally ill patients* should be thoroughly integrated rather than  
8 viewed as separate entities.

9 (c) Even though Californians with a prognosis of six months or  
10 less to live are eligible for hospice care, nearly two-thirds of them  
11 receive hospice services for less than one month.

12 (d) Many *terminally ill* patients benefit from being referred to  
13 hospice care earlier, where they receive better pain and symptom  
14 management and have an improved quality of life.

15 (e) Significant information gaps may exist between health care  
16 providers and their patients on end-of-life care options potentially  
17 leading to delays in, or lack of, ~~referrals to~~ *of referrals to*, hospice  
18 care for terminally ill patients. The sharing of important  
19 information regarding specific treatment options in a timely manner  
20 by health care providers *with terminally ill patients* is a key  
21 component of quality end-of-life care. Information that is helpful  
22 to patients and their families includes, but is not limited to, the  
23 availability of hospice care, the efficacy and potential side effects  
24 of continued curative treatment, and withholding or withdrawal  
25 of life-sustaining treatments.

26 (f) Terminally ill and dying patients rely on their health care  
27 providers to give them timely and informative data. Research  
28 shows a lack of communication between health care providers and  
29 their terminally ill patients can cause problems, including poor  
30 availability of, and lack of clarity regarding, advance health care  
31 directives and patients' end-of-life care preferences. This lack of  
32 information and poor adherence to patient choices can result in



1 “bad deaths” that cause needless physical and psychological  
2 suffering to patients and their families.

3 (g) Those problems are complicated by social issues, such as  
4 cultural and religious pressures ~~for~~ on the providers, patients, and  
5 their family members. A recent survey found that providers that  
6 object to certain practices are less likely than others to believe they  
7 have an obligation to present all of the options to patients and refer  
8 patients to other providers, if necessary.

9 (h) Every medical school in California is required to include  
10 end-of-life care issues in its curriculum and every physician in  
11 California is required to complete continuing education courses  
12 in end-of-life care.

13 (i) Palliative care is not a one-size-fits-all approach. Patients  
14 have a range of diseases and respond differently to treatment  
15 options. A key benefit of palliative care is that it customizes  
16 treatment to meet the needs of each individual person.

17 (j) Informed patient choices will help terminally ill patients and  
18 their families cope with one of life’s most challenging situations.

19 SEC. 2. Part 1.8 (commencing with Section 442) is added to  
20 Division 1 of the Health and Safety Code, to read:

21  
22 PART 1.8. END-OF-LIFE CARE  
23

24 442. For the purposes of this part, the following definitions  
25 shall apply:

26 (a) “*Actively dying*” means the phase of terminal illness when  
27 death is imminent.

28 ~~(a)~~

29 (b) “Curative treatment” means treatment intended to cure or  
30 alleviate symptoms of a given disease or condition.

31 ~~(b)~~

32 (c) “Health care provider” means an attending physician and  
33 ~~surgeon, nurse practitioner, surgeon. It also means a nurse~~  
34 ~~practitioner~~ or physician assistant in accordance with standardized  
35 procedures or protocols developed and approved by the supervising  
36 physician and surgeon and the nurse practitioner or physician  
37 assistant.

38 ~~(c)~~

39 (d) “Hospice” means a specialized form of interdisciplinary  
40 health care that is designed to provide palliative care, alleviate the

1 physical, emotional, social, and spiritual discomforts of an  
2 individual who is experiencing the last phases of life due to the  
3 existence of a terminal disease, and provide supportive care to the  
4 primary caregiver and the family of the hospice patient, and that  
5 meets all of the criteria specified in subdivision (b) of Section  
6 1746.

7 ~~(d)~~

8 (e) “Palliative care” means medical treatment, interdisciplinary  
9 care, or consultation provided to a patient or family members, or  
10 both, that has as its primary purpose the prevention of, or relief  
11 from, suffering and the enhancement of the quality of life, rather  
12 than treatment aimed at investigation and intervention for the  
13 purpose of cure or prolongation of life as described in subdivision  
14 (b) of Section 1339.31.

15 ~~(e) “Palliative sedation” means the administration of sedative~~  
16 ~~medication to the point of unconsciousness in a terminally ill~~  
17 ~~patient. It is an intervention of last resort to reduce severe,~~  
18 ~~refractory pain or other distressing clinical symptoms that do not~~  
19 ~~respond to aggressive, symptom-specific palliation. Palliative~~  
20 ~~sedation is not intended to cause death or shorten life.~~

21 (f) “Refusal or withdrawal of life-sustaining treatment” means  
22 forgoing treatment or medical procedures that replace or support  
23 an essential bodily function, including, but not limited to,  
24 cardiopulmonary resuscitation, mechanical ventilation, artificial  
25 nutrition and hydration, dialysis, and any other treatment or  
26 discontinuing any or all of those treatments after they have been  
27 used for a reasonable time.

28 ~~(g) “Voluntary stopping of eating and drinking” or “VSED”~~  
29 ~~means the patient’s choice to voluntarily refuse to eat and drink~~  
30 ~~in order to alleviate his or her suffering, and includes the~~  
31 ~~withholding or withdrawal of life-sustaining treatment at the~~  
32 ~~request of the patient.~~

33 442.5. When a health care provider makes a diagnosis that a  
34 patient has a terminal illness ~~or makes a prognosis that a patient~~  
35 ~~has less than one year to live~~, the health care provider shall provide  
36 the patient with comprehensive information and counseling  
37 regarding legal end-of-life care options, upon the patient’s request  
38 and pursuant to this section. When a *terminally ill* patient is in a  
39 health facility, as defined in Section 1250, the health care provider,  
40 or medical director *of the health facility, if the patient’s health*

1 *care provider is not available*, may refer the patient to a hospice  
2 provider or private or public agencies and community-based  
3 organizations that specialize in end-of-life care case management  
4 and consultation to receive information and counseling regarding  
5 legal end-of-life care options.

6 (a) If the patient indicates a desire to receive the information  
7 and counseling, the *comprehensive* information shall include, but  
8 not be limited to, the following:

9 (1) Hospice care at home or in a health care setting.

10 (2) A prognosis with and without the continuation of curative  
11 treatment.

12 (3) The patient's right to refusal of or withdrawal from  
13 life-sustaining treatment.

14 (4) The patient's right to continue to pursue curative treatment  
15 ~~while receiving palliative care. treatment.~~

16 (5) The patient's right to comprehensive pain and symptom  
17 management at the end of life, including, but not limited to,  
18 adequate pain medication, treatment of nausea, palliative  
19 chemotherapy, relief of shortness of breath and fatigue, ~~VSED,~~  
20 ~~and palliative sedation~~ and other clinical treatments useful when  
21 a patient is actively dying.

22 (6) *The patient's right to give individual health care instruction*  
23 *pursuant to Section 4670 of the Probate Code, which provides the*  
24 *means by which a patient may provide written health care*  
25 *instruction, such as an advance health care directive, and the*  
26 *patient's right to appoint a legally recognized health care*  
27 *decisionmaker.*

28 (b) The information described in subdivision (a) may, but is not  
29 required to be, in writing. Health care providers may utilize  
30 information from organizations specializing in end-of-life care  
31 that provide information on factsheets and Internet Web sites to  
32 convey the information described in subdivision (a).

33 (c) Counseling may include, but not be limited to, discussions  
34 about the outcomes for the patient and his or her family, based on  
35 the interest of the patient. Information and counseling as described  
36 in subdivision (a) may occur over a series of meetings with the  
37 health care provider or others who may be providing the  
38 information and counseling based on the patient's needs. *The health*  
39 *care provider may encourage the patient to include his or her*  
40 *family in the counseling described in this subdivision.*

1     (d) *The information and counseling sessions may include a*  
2     *discussion of benefits and burdens of treatment options in a manner*  
3     *that the patient and his or her family can easily understand. If the*  
4     *patient requests information on the costs of treatment options, the*  
5     *patient shall be referred to the appropriate entity for that*  
6     *information.*

7     442.7. If a health care provider does not wish to comply with  
8     his or her patient's ~~choice of request for information on end-of-life~~  
9     options, the health care provider shall do both of the following:

- 10    (a) Refer or transfer a patient to another health care provider.  
11    (b) Provide the patient with information on procedures to  
12    transfer to another health care provider.

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 2968  
**Author:** Carter  
**Bill Date:** June 30, 2008, amended  
**Subject:** Cosmetic Surgery  
**Sponsor:** Author

**STATUS OF BILL:**

This bill is currently on the Assembly Floor for concurrence.

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill enacts the Donda West Law, which would prohibit elective cosmetic surgery on a patient unless, prior to surgery, the patient has completed a physical examination by, and has received written clearance for the procedure from, a physician.

This bill was amended to allow nurse practitioners and physician assistants to perform the required physical examinations.

**ANALYSIS:**

According to the author, better consumer protections are needed regarding unnecessary bodily trauma that could result from elective cosmetic surgery for patients who are not physically fit to undergo these procedures. This bill comes from the author's "It Ought to Be a Law" contest. Many plastic surgeons require their patients to have a medical clearance before they will perform elective cosmetic surgery, however, it is not a specified requirement in law. This bill would address those health care providers who may not require the physical examination clearance.

This bill would, through enactment of the Donda West Law, prohibit elective cosmetic surgery on a patient unless the patient has completed a physical examination by a licensed physician and has received written clearance for the procedure prior to surgery.

The bill states that only a physician is authorized to complete the physical examination that would be required in law for a patient seeking elective cosmetic surgery. Current law allows physician assistants and nurse practitioners to complete physical examinations and they should be included in this bill as authorized to complete physicals for patients seeking cosmetic procedures.

The requirement for a physical already exists in the standard of care, but it is not applied in many cases especially in medi-spas. This will clarify that a prior examination is necessary prior to elective cosmetic surgery.

Since dentists with a special permit are now authorized to perform facial cosmetic surgery, they were amended in to be authorized to perform a physical examination.

This bill was amended in June to allow nurse practitioners and physician assistants to perform the required physical examinations.

**FISCAL:**               None

**POSITION:**           Support

July 15, 2008

AMENDED IN SENATE JUNE 30, 2008

AMENDED IN SENATE JUNE 16, 2008

AMENDED IN ASSEMBLY MAY 5, 2008

AMENDED IN ASSEMBLY APRIL 22, 2008

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

**ASSEMBLY BILL**

**No. 2968**

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**Introduced by Assembly Member Carter**

February 22, 2008

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An act to add Sections 1638.2 and 2259.8 to the Business and Professions Code, relating to cosmetic surgery.

LEGISLATIVE COUNSEL'S DIGEST

AB 2968, as amended, Carter. Cosmetic surgery.

Existing law, the Dental Practice Act, establishes the Dental Board of California in the Department of Consumer Affairs, which licenses dentists and regulates their practice, including dentists who hold a permit to perform oral and maxillofacial surgery. Existing law, the Medical Practice Act, establishes the Medical Board of California in the Department of Consumer Affairs, which licenses physicians and surgeons and regulates their practice.

The Medical Practice Act requires specified disclosures to patients undergoing procedures involving collagen injections, and also requires the Medical Board of California to adopt extraction and postoperative care standards in regard to body liposuction procedures performed by a physician and surgeon outside of a general acute care hospital. Existing law makes a violation of these provisions a misdemeanor.

This bill would enact the Donda West Law, which would prohibit the performance of an elective cosmetic surgery procedure on a patient unless, prior to surgery, the patient has received a physical examination by, and has received written clearance for the procedure from, the licensed physician and surgeon or dentist performing the cosmetic surgery or another licensed physician and surgeon, or *a certified nurse practitioner or a licensed physician assistant* as ~~otherwise~~ specified. The bill would require the physical examination to include the taking of a complete medical history. The bill would also provide that a violation of these provisions would not constitute a crime.

Vote: majority. Appropriation: no. Fiscal committee: no.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. This act shall be known and may be cited as the  
2 Donda West Law.

3 SEC. 2. Section 1638.2 is added to the Business and Professions  
4 Code, to read:

5 1638.2. (a) Notwithstanding any other provision of law, a  
6 person licensed pursuant to Section 1634 who holds a permit to  
7 perform elective facial cosmetic surgery issued pursuant to this  
8 article may not perform elective facial cosmetic surgery on a  
9 patient, unless the patient has received a physical examination by,  
10 and written clearance for the procedure from, either of the  
11 following:

12 (1) A licensed physician and surgeon.

13 (2) The person licensed pursuant to Section 1634 who holds a  
14 permit to perform elective facial cosmetic surgery issued pursuant  
15 to this article and who will be performing the surgery.

16 (b) The physical examination described in subdivision (a) shall  
17 include the taking of a complete medical history.

18 (c) A violation of this section shall not constitute a crime.

19 SEC. 3. Section 2259.8 is added to the Business and Professions  
20 Code, to read:

21 2259.8. (a) Notwithstanding any other provision of law, a  
22 cosmetic surgery procedure may not be performed on a patient  
23 unless, prior to surgery, the patient has received a physical  
24 examination by, and written clearance for the procedure from, any  
25 of the following:



1 (1) The physician and surgeon who will be performing the  
2 surgery.

3 (2) Another licensed physician and surgeon.

4 (3) A certified nurse practitioner, *in accordance with a certified*  
5 *nurse practitioner's scope of practice, unless stated otherwise in*  
6 *standardized procedures and protocols or a delegation agreement.*

7 (4) A licensed physician assistant, *in accordance with a licensed*  
8 *physician assistant's scope of practice, unless stated otherwise in*  
9 *standardized procedures or protocols or a delegation agreement.*

10 (b) The physical examination described in subdivision (a) shall  
11 include the taking of a complete medical history.

12 (c) "Cosmetic surgery" means an elective surgery that is  
13 performed to alter or reshape normal structures of the body in order  
14 to improve the patient's appearance, including, but not limited to,  
15 liposuction and elective facial cosmetic surgery.

16 (d) Section 2314 shall not apply to this section.

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MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 2969  
**Author:** Lieber  
**Bill Date:** February 22, 2008, introduced  
**Subject:** Workers' Comp.: medical treatment utilization reviews  
**Sponsor:** Author

**STATUS OF BILL:**

This bill is currently on the Senate Floor.

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill would require a physician who is conducting utilization review to be licensed in California.

**ANALYSIS:**

Current law does not require physicians who perform utilization reviews of workers' compensation claims to be licensed in California as long as the physicians are licensed in another state.

The author and proponents of this bill believe that out-of-state physicians are making inappropriate decisions regarding these utilization reviews in part because there is no regulatory agency holding them accountable.

This bill would ensure that any physician performing a utilization review in California would be regulated by the Medical Board by requiring all physicians performing these reviews to be licensed in this state.

**FISCAL:** None

**POSITION:** Support

July 15, 2008

**ASSEMBLY BILL**

**No. 2969**

---

**Introduced by Assembly Member Lieber  
(Coauthors: Assembly Members Beall and Ruskin)**

February 22, 2008

---

An act to amend Section 4610 of the Labor Code, relating to workers' compensation.

LEGISLATIVE COUNSEL'S DIGEST

AB 2969, as introduced, Lieber. Workers' compensation: medical treatment utilization reviews.

Existing law establishes a workers' compensation system to compensate an employee for injuries sustained in the course of his or her employment, and requires an employer to pay for all reasonable costs of medical services necessary to care for or relieve work-related injuries. Existing law requires every employer to establish a medical treatment utilization review process, in compliance with specified requirements, either directly or through its insurer or an entity with which the employer or insurer contracts for these services. Existing law provides that no person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify, delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

This bill would require that any licensed physician who is conducting such an evaluation be licensed in California.

Vote: majority. Appropriation: no. Fiscal committee: no.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 4610 of the Labor Code is amended to  
2 read:

3 4610. (a) For purposes of this section, “utilization review”  
4 means utilization review or utilization management functions that  
5 prospectively, retrospectively, or concurrently review and approve,  
6 modify, delay, or deny, based in whole or in part on medical  
7 necessity to cure and relieve, treatment recommendations by  
8 physicians, as defined in Section 3209.3, prior to, retrospectively,  
9 or concurrent with the provision of medical treatment services  
10 pursuant to Section 4600.

11 (b) Every employer shall establish a utilization review process  
12 in compliance with this section, either directly or through its insurer  
13 or an entity with which an employer or insurer contracts for these  
14 services.

15 (c) Each utilization review process shall be governed by written  
16 policies and procedures. These policies and procedures shall ensure  
17 that decisions based on the medical necessity to cure and relieve  
18 of proposed medical treatment services are consistent with the  
19 schedule for medical treatment utilization adopted pursuant to  
20 Section 5307.27. Prior to adoption of the schedule, these policies  
21 and procedures shall be consistent with the recommended standards  
22 set forth in the American College of Occupational and  
23 Environmental Medicine Occupational Medical Practice  
24 Guidelines. These policies and procedures, and a description of  
25 the utilization process, shall be filed with the administrative director  
26 and shall be disclosed by the employer to employees, physicians,  
27 and the public upon request.

28 (d) If an employer, insurer, or other entity subject to this section  
29 requests medical information from a physician in order to  
30 determine whether to approve, modify, delay, or deny requests for  
31 authorization, the employer shall request only the information  
32 reasonably necessary to make the determination. The employer,  
33 insurer, or other entity shall employ or designate a medical director  
34 who holds an unrestricted license to practice medicine in this state  
35 issued pursuant to Section 2050 or Section 2450 of the Business  
36 and Professions Code. The medical director shall ensure that the  
37 process by which the employer or other entity reviews and  
38 approves, modifies, delays, or denies requests by physicians prior

1 to, retrospectively, or concurrent with the provision of medical  
2 treatment services, complies with the requirements of this section.  
3 Nothing in this section shall be construed as restricting the existing  
4 authority of the Medical Board of California.

5 (e) No person other than a ~~licensed~~ physician *licensed in*  
6 *California* who is competent to evaluate the specific clinical issues  
7 involved in the medical treatment services, and where these  
8 services are within the scope of the physician's practice, requested  
9 by the physician may modify, delay, or deny requests for  
10 authorization of medical treatment for reasons of medical necessity  
11 to cure and relieve.

12 (f) The criteria or guidelines used in the utilization review  
13 process to determine whether to approve, modify, delay, or deny  
14 medical treatment services shall be all of the following:

15 (1) Developed with involvement from actively practicing  
16 physicians.

17 (2) Consistent with the schedule for medical treatment utilization  
18 adopted pursuant to Section 5307.27. Prior to adoption of the  
19 schedule, these policies and procedures shall be consistent with  
20 the recommended standards set forth in the American College of  
21 Occupational and Environmental Medicine Occupational Medical  
22 Practice Guidelines.

23 (3) Evaluated at least annually, and updated if necessary.

24 (4) Disclosed to the physician and the employee, if used as the  
25 basis of a decision to modify, delay, or deny services in a specified  
26 case under review.

27 (5) Available to the public upon request. An employer shall  
28 only be required to disclose the criteria or guidelines for the  
29 specific procedures or conditions requested. An employer may  
30 charge members of the public reasonable copying and postage  
31 expenses related to disclosing criteria or guidelines pursuant to  
32 this paragraph. Criteria or guidelines may also be made available  
33 through electronic means. No charge shall be required for an  
34 employee whose physician's request for medical treatment services  
35 is under review.

36 (g) In determining whether to approve, modify, delay, or deny  
37 requests by physicians prior to, retrospectively, or concurrent with  
38 the provisions of medical treatment services to employees all of  
39 the following requirements must be met:

1 (1) Prospective or concurrent decisions shall be made in a timely  
2 fashion that is appropriate for the nature of the employee's  
3 condition, not to exceed five working days from the receipt of the  
4 information reasonably necessary to make the determination, but  
5 in no event more than 14 days from the date of the medical  
6 treatment recommendation by the physician. In cases where the  
7 review is retrospective, the decision shall be communicated to the  
8 individual who received services, or to the individual's designee,  
9 within 30 days of receipt of information that is reasonably  
10 necessary to make this determination.

11 (2) When the employee's condition is such that the employee  
12 faces an imminent and serious threat to his or her health, including,  
13 but not limited to, the potential loss of life, limb, or other major  
14 bodily function, or the normal timeframe for the decisionmaking  
15 process, as described in paragraph (1), would be detrimental to the  
16 employee's life or health or could jeopardize the employee's ability  
17 to regain maximum function, decisions to approve, modify, delay,  
18 or deny requests by physicians prior to, or concurrent with, the  
19 provision of medical treatment services to employees shall be made  
20 in a timely fashion that is appropriate for the nature of the  
21 employee's condition, but not to exceed 72 hours after the receipt  
22 of the information reasonably necessary to make the determination.

23 (3) (A) Decisions to approve, modify, delay, or deny requests  
24 by physicians for authorization prior to, or concurrent with, the  
25 provision of medical treatment services to employees shall be  
26 communicated to the requesting physician within 24 hours of the  
27 decision. Decisions resulting in modification, delay, or denial of  
28 all or part of the requested health care service shall be  
29 communicated to physicians initially by telephone or facsimile,  
30 and to the physician and employee in writing within 24 hours for  
31 concurrent review, or within two business days of the decision for  
32 prospective review, as prescribed by the administrative director.  
33 If the request is not approved in full, disputes shall be resolved in  
34 accordance with Section 4062. If a request to perform spinal  
35 surgery is denied, disputes shall be resolved in accordance with  
36 subdivision (b) of Section 4062.

37 (B) In the case of concurrent review, medical care shall not be  
38 discontinued until the employee's physician has been notified of  
39 the decision and a care plan has been agreed upon by the physician  
40 that is appropriate for the medical needs of the employee. Medical

1 care provided during a concurrent review shall be care that is  
2 medically necessary to cure and relieve, and an insurer or  
3 self-insured employer shall only be liable for those services  
4 determined medically necessary to cure and relieve. If the insurer  
5 or self-insured employer disputes whether or not one or more  
6 services offered concurrently with a utilization review were  
7 medically necessary to cure and relieve, the dispute shall be  
8 resolved pursuant to Section 4062, except in cases involving  
9 recommendations for the performance of spinal surgery, which  
10 shall be governed by the provisions of subdivision (b) of Section  
11 4062. Any compromise between the parties that an insurer or  
12 self-insured employer believes may result in payment for services  
13 that were not medically necessary to cure and relieve shall be  
14 reported by the insurer or the self-insured employer to the licensing  
15 board of the provider or providers who received the payments, in  
16 a manner set forth by the respective board and in such a way as to  
17 minimize reporting costs both to the board and to the insurer or  
18 self-insured employer, for evaluation as to possible violations of  
19 the statutes governing appropriate professional practices. No fees  
20 shall be levied upon insurers or self-insured employers making  
21 reports required by this section.

22 (4) Communications regarding decisions to approve requests  
23 by physicians shall specify the specific medical treatment service  
24 approved. Responses regarding decisions to modify, delay, or deny  
25 medical treatment services requested by physicians shall include  
26 a clear and concise explanation of the reasons for the employer's  
27 decision, a description of the criteria or guidelines used, and the  
28 clinical reasons for the decisions regarding medical necessity.

29 (5) If the employer, insurer, or other entity cannot make a  
30 decision within the timeframes specified in paragraph (1) or (2)  
31 because the employer or other entity is not in receipt of all of the  
32 information reasonably necessary and requested, because the  
33 employer requires consultation by an expert reviewer, or because  
34 the employer has asked that an additional examination or test be  
35 performed upon the employee that is reasonable and consistent  
36 with good medical practice, the employer shall immediately notify  
37 the physician and the employee, in writing, that the employer  
38 cannot make a decision within the required timeframe, and specify  
39 the information requested but not received, the expert reviewer to  
40 be consulted, or the additional examinations or tests required. The

1 employer shall also notify the physician and employee of the  
2 anticipated date on which a decision may be rendered. Upon receipt  
3 of all information reasonably necessary and requested by the  
4 employer, the employer shall approve, modify, or deny the request  
5 for authorization within the timeframes specified in paragraph (1)  
6 or (2).

7 (h) Every employer, insurer, or other entity subject to this section  
8 shall maintain telephone access for physicians to request  
9 authorization for health care services.

10 (i) If the administrative director determines that the employer,  
11 insurer, or other entity subject to this section has failed to meet  
12 any of the timeframes in this section, or has failed to meet any  
13 other requirement of this section, the administrative director may  
14 assess, by order, administrative penalties for each failure. A  
15 proceeding for the issuance of an order assessing administrative  
16 penalties shall be subject to appropriate notice to, and an  
17 opportunity for a hearing with regard to, the person affected. The  
18 administrative penalties shall not be deemed to be an exclusive  
19 remedy for the administrative director. These penalties shall be  
20 deposited in the Workers' Compensation Administration Revolving  
21 Fund.